# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE	USEONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	3.0
4 CANDIDATE/	ADDRESS / PO BOX	SRIFF ITH	ITY: STATE; ZIP CODE	04-04-2024	4 @ 1:28p.m.
OFFICEHOLDER MAILING ADDRESS	3622	DAK CREEK	De.		
Change of Address	JAN +	INGELO IX	76904		
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	315-6462	EXTENSION -		l or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME		KOBERT		Date Processed	
	NICKNAME	WATKINS	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SU		A STATE;	ZIP CODE
TREASURER ADDRESS	900	7 W BEAURE	GARD AVE SAN/	NGE 60, 1	X 76901
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
I	(325)	716.7144			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	10/	25/23	THROUGH 3	/25/2	24
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
7-	5/4/	2024 General	Special		· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) CHIEF OF	77	and the second s
44 1:07:07:07:07:07:07:07:07:07:07:07:07:07:	THE SAY IS SAN HOME	C C COLUMN ACCUMENTATION A		7	
POLITICAL	HE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
CONNINTERIOR	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
hd	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
	V	GO TO F	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

			GOVER SHEET PG
	ravis Griffith		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POI PLEDGES, LOANS, OR G CONTRIBUTIONS MADE	LITICAL CONTRIBUTIONS (OTHER TH SUARANTEES OF LOANS, OR ELECTRONICALLY)	\$ 170.47
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	<b>NTRIBUTIONS</b> LOANS, OR GUARANTEES OF LOAN	·
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	ITICAL EXPENDITURE.	\$ ()
e	4. TOTAL POLITICAL EXP	ENDITURES	\$ 17,699.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LA	* 14 335.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	IT OF ALL OUTSTANDING LOANS AS ( RTING PERIOD	- 11 1
18 SIGNATURE I swe	ear, or affirm, under penalty of perjui	ry, that the accompanying report is tru	ue and correct and includes all information
requi	ired to be reported by me under Title 1	5, Election Code.	ue and correct and includes all information
		5. Dul	
		Signature of d	andidate or Officeholder
	Please con	nplete either option belov	W*
			••
		P	
		3111	AT PULL JOSH NELSON
) Affidavit		100	Notary Public, State of Texas
) - maintene			Comm. Expires 03-18-2026
			Notary ID 133916039
NOTARY STAMP/SEAL			
vorn to and subscribed bef	ore me by JOSH NE	this the	4 th day of APRIL
- 1 / 1 /	en, witness my hand and seal of office.		day of NPRIL,
ATOL			
	JOS1	H NELSON	POTTRY
mature of officer administering	oath Printed name of c	officer administering oath	Title of officer administering oath
		OR	
Unsworn Declaration			the same of the sa
name is			
address is		, and my date of birth is	
address is			
	(street)	(city) (st	ate) (zip code) (country)
ecuted in	County, State of	, on the day of	20 (5-20.23)
		(month)	(year)
		Signature of Candida	ite/Officeholder (Declarant)
			•

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor		
	Travis Griffith		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 32,044,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TIONS	\$ [1,9254]
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS		\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CAL CONTRIBUTIONS	\$17,6,99.04
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 6
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	LITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	NAL FUNDS	\$ <i>D</i>
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	NS TO A BUSINESS OF C/OH	\$ D
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	ICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	ITRIBUTIONS RETURNED	\$ 0

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
02/05/24	Zach McCovmick  6 Contributor address; City; State; Zip Code	250.00	
8 Principal occu	329 W. Harris San Angelo, TX 76903  pation / Job title (See Instructions)  9 Employer (See Inst	(runtione)	
S / Inicipal docu	, , , , , , , , , , , , , , , , , , , ,	State Bank	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
02/16/24	Cathy Choate  Contributor address; City; State; Zip Code	50,∞	
	5601 Cross Creek Ct. San Angelo, TX 76904		
	coation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  BUILTURE		
Date	Full name of contributor	Amount of contribution (\$)	
02/16/24	David Aycock Contributor address; City; State; Zip Code	250,00	
	P.O Box 61754 San Angelo, TX 76906		
	Dation / Job title (See Instructions)  Employer (See Instructions)	ructions)	
Date	Full name of contributor out-of-state_PAC (ID#:		
01/18/24	Zachary L. Spurgers Contributor address; City; State; Zip Code	50.00	
	14133 Autumnwod Tr. San Avgelo Tx 76 pation / Job title (See Instructions)  Employer (See Instructions)	104	
		Church San Angelo	
		, and the second	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
U3/2S/24	Scott Hooten 6 Contributor address; City; State; Zip Code  3544 Black Buck Tr. San Anglio TX 71400 pation / Job title (See Instructions) 9 Employer (See Instructions)	50.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)		
	ovt. Employee Tom Green	County		
Date	Full name of contributor	Amount of contribution (\$)		
02/26/24	John Thomason  Contributor address; City; State; Zip Code	50.00		
	11118 Parkfield Dr. Austin, TX 78758			
Principal occup	Retired Retired	tions)		
	Patra Patra			
Date	Full name of contributor	Amount of contribution (\$)		
02/24	David Boswell, Tr.  Contributor address; City; State; Zip Code	1,000,00		
	1541 Whitney St. San Angelo, Tx 76904 atjon / Job title (See Instructions)  Employer (See Instructions)			
	ation / Job title (See Instructions)  Employer (See Instructions)  Shan	non Hospital		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
102/22/24	RICKY OY TRSNA JOYAAN  Contributor address; City; State; Zip Code	1,000.00		
	ation / Job title (See Instructions)  and Angelo IX 76904  Employer (See Instructions)			
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	etions)		
selt.	-Employed Self-Emp	loyea		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

## SCHEDULE A1

ii tile reque	sted 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:
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
12/13/23	o communication additions, company	50.00
	3544 Black Buck Tr. San Angelo, Tx 76901	
8 Principal occu	pation / Job title (See Instructions)	•
	COVA. Employee Tom Green	1 wunty
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
03/18/24	Gabriel Hughes  Contributor address: City; State; Zip Code	200.00
	1521 Shafter San Angelo, Tx 76901	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
	Attorney trinapal	LED
Date	Full name of contributor	Amount of contribution (\$)
03/20/24	ASNEY Franklin Contributor address; City; State; Zip Code	as.00
	423 Baker St. San Anglio, TX 76903	
Principal occup	Pettined Employer (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor cut-of-state PAC (ID#:	Amount of contribution (\$)
03/20/24	Contributor address; City; State; Zip Code	100.00
	2SII W. Ham's Ave. San Angelo, TX 71901 pation / Job title (See Instructions)  Employer (See Instructions)	31
	pation / Jop title (See Instructions)	in Angelo
	VVI. DITIPLY CO	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
03/22/24	6 Contributor address; City; State; Zip Code	50,00	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
11/30/23	Vanessa Griffith  Contributor address; City: State; Zip Code	50.00	
	3622 Oak Creek Dr. San Angelo, TX 76904		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	•	
	Teacher San Angelo	1SD	
Date	Full name of contributor	Amount of contribution (\$)	
12/11/23	Teffrey Lissin Contributor address; City; State; Zip Code	20.00	
PO BOX 928 SAN ANGELO, TX 76902			
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)	
	Attorney Self-Emp	loyed	
Date	Full name of contributor	Amount of contribution (\$)	
12/12/23	Mark A. Brown , Brown Law Firm Contributor address; City; State; Zip Code	200.06	
Principal occur	1218 Irving San Angelo TX 71903 Pation / Job title (See Instructions) Employer (See Instructions)	ions)	
, , , , , , , , , , , , , , , , , , , ,	Attorney Self-Em	ployed	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

## 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	į.	1 Total pages Schedule A1:
2 FILER NAME	Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:		7 Amount of contribution (\$)
2/12/24	6 Contributor address; City; Sta	ıte; Zip Code	100,00
	1630 lowg Ave. San AngeloTX 70	6204	
8 Principal occu	pation / Job title (See Instructions) 9 E	Employer (See Instruct	ions)
	Grocery	HEB	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
2/13/24	Pamua Kubinson  Contributor address; City; Sta	nte; Zip Code	100.00
	4105 Townview Ln. San Amgelo, TX	7,901	
Principal occup		mployer (See Instructi	ons)
	Retired	Petired	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
03/08/24		te; Zip Code	500.00
	3129 Clearview Dr. San AngeloTX	769.04	
Principal occup	ation / Job title (See Instructions)	SCF -EM	
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of contribution (\$)
02/28/24	Contributor address, City; Stat	te; Zip Code	30,00
	NA		
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ons)
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#### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
11/29/23	6 Contributor address; City;	State; Zip Code	50,00
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
01/22/24	Anonymous Contributor address; City;	State; Zip Code	50,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
03/22/24	Contributor address; City;	State; Zip Code	50,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	
Date		(ID#:)	Amount of contribution (\$)
01/25/24	JOE+ Pam Kasberg Contributor address; City; 5405 Tabosa Dr. San Angel	State; Zip Code	250,00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
,	Doctor	Private	Practice
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS N	EEDED

## SCHEDULE A1

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

e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Travis Griffith	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Anonymous  6 Contributor address; City; State; Zip Code  Anonymous - N/A-	5∪,∞
upation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Full name of contributor	Amount of contribution (\$)
Contributor address; City; State; Zip Code	50.00
pation / Job title (See Instructions)  Employer (See Instru	uctions)
Full name of contributor	Amount of contribution (\$)
Charles + Daylene Good Contributor address; City; State; Zip Code	200,00
Petired Retired	outers)
Full name of contributor out-of-state_PAC (ID#:	Amount of contribution (\$)
Preston 4 Ambery Wimberly Contributor address; City; State; Zip Code	200.∞
210 S. Washington St. San Angelo, TX 76901	uctions)
SCIP-Employed Busines	
	5 Full name of contributor   out-of-state PAC (ID#: ANDNY MOUS - N/A  pation / Job title (See Instructions)   9 Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#: ANDNY MOUS - N/A  pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#: State; Zip Code    ANDNY MOUS - N/A  pation / Job title (See Instructions)   Employer (See Instructions)    Full name of contributor   out-of-state PAC (ID#: State; Zip Code    Contributor address; City; State; Zip Code    350   Westover Terrace San Anglet 7 Terrace    Full name of contributor   out-of-state PAC (ID#: PAC)    Full name of contributor   out-of-state PAC (ID#: PA

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## SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Travis Griffeth	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
03/18/24	Wardlaw Mineralt Royalty L.P. 6 Contributor address; City; State; Zip Code	500,00		
	1201 S. Park St. San Angelo, Tx 76901			
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	ions)		
	Retired Retired			
Date	Full name of contributor	Amount of contribution (\$)		
- 401-1	Conbly Brooks	F 25		
03/18/24	Contributor address; City; State; Zip Code	500.00		
	106 W. Twohia San Angelo, TX 76903			
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	1		
	Business Duner Scif-Emp	Royla		
Date	Full name of contributor	Amount of contribution (\$)		
03/18/24	Craig Thomason  Contributor address; City; State; Zip Code	500,00		
	2164 Gun Club Rd. San Angelo, TX 76904			
Principal occup	GOV. EMPOVEE  City of Sav	nons) 1 Angllo		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
03/20/24	Contributor address; City; State; Zip Code	1,000.00		
	2817 Briagance Ln. San Angelo, Tx 76904	, 		
Principal occup	Retired Employer (See Instructions)  Retired	ons)		
	1 4111 30			
		-		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NO			

## SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Travis Griffith		(	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
	+ In MANY MAI AUGIST	ina		
03/04/24	John Mark McLaughl 6 Contributor address; City:	State; Zip Code	500.00	
	P.O Box 1170 San Angelo, pation / Job title (See Instructions)	TX 76902		
8 Principal occu	pation / Job title (See Instructions)			
	Banker	Texas stat	e bank	
		TOTE IN THE VIE		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
	lune Gonnos.			
03/18/24	Contributor address; City;	State; Zip Code	100,00	
	3825 Tridens Tr. San Ano	1810. TX 76904		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	200 Hor	Coldwell P	Lantor	
	Seartoi	wawan	erre	
Date	_	C (ID#:)	Amount of contribution (\$)	
	Sam Gomes			
03/18/24		State; Zip Code	100.00	
007.07		_	100.00	
	3825 Indens Tr. San Ana	Yelo, Tx 76904		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
(	ar Dealer	Self-En	ndalog	
	NI BUNCA	3011	Harver	
Date	Full name of contributor	2 (ID#:)	Amount of contribution (\$)	
		/ (IUF/	A TOO TO SO TO SO TO	
	David Peters		4	
03/18/24	Contributor address; City;	State; Zip Code	100.00	
		210 2 0 - 2		
	4821 Century Dr. San Angkoation / Job title (See Instructions)	20,7X 760103		
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	(ions)	
	Retired	//	/ A	
	2 11 22			
	ATTACH ADDITIONAL COPIES (			
	If contributor is out-of-state PAC, please see Instru	uction guide for additional r	eporting requirements.	

### 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:		
2 FILER NAME Travis Griffith			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)		
03/22/24	6 Contributor address; City;	State; Zip Code	200.00		
8 Principal occu	2108 W. Blayreard Ne. San A	9 Employer (See Instruct	tions)		
	self-employed	Self	-employed		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
03/22/24	Contributor address; City;	Platt -Fox State; Zip Code	500,00		
_	P.O BOX 361 Christoval, TX	76935			
	pation / Job title (See Instructions)	Employer (See Instruct	0 8 28 22		
	Self-Employed	Business	owner		
Date		: (ID#:)	Amount of contribution (\$)		
03/22/24	Contributor address; Can Acce	State; Zip Code	800'00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	Business Duners	Self-Em	doved		
Date					
Date	Full name of contributorout-of-state PAC	(ID#:)	Amount of contribution (\$)		
01/19/24	Contributor address; City;	State; Zip Code	100.00		
· · · · · · · · · · · · · · · · · · ·	3314 Clearview Dr. San Angelo, TX 76904				
	pation / Job title (See Instructions)	Employer (See Instruct			
	Doctor	Shannon	Medical Center		
ATTACH ADDITIONAL CODIES OF THIS SCHEDING EAS MEEDED					

## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
02/23/24	ANDRYMOUS  6 Contributor address; City; State; Zip Code  N/A	50.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
02/22/24	PAUL + VAILNE PRESS  Contributor address; City; State; Zip Code	250.00		
	808 Humble Rd. San Angelo, Tx 76903			
2/2	pation / Job title (See Instructions)  Ing/Financial  Sef - Emplo			
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)		
02/22/24	Contributor address; City; State; Zip Code	250,00		
	ISIS Grierson San Angelotk 76901			
Principal occup Re	pation / Job title (See Instructions) Employer (See Instru	- Employed Johner		
Date	Full name of contributor	Amount of contribution (\$)		
02/22/24	ANDRYMDUS  Contributor address; City; State; Zip Code	49.00		
Principal occup	Dation / Job title (See Instructions)  Employer (See Instruc	· I		
÷				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

#### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
12/18/23	Angelo Archives 6 Contributor address; City; State; Zip Code	2,000.00
8 Principal occu	P.O Box 1352 San Angelo, TX 76902  pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
6 Frincipal occu		8 1020000
	security security cor	приту
Date	Full name of contributor	Amount of contribution (\$)
12/19/23	Jason + Mary Alice Andrews  Contributor address; City; State; Zip Code	[00,00
	3621 (cdar Creek Dr. San Angelo, Tx 76964) pation / Job title (See Instructions) Employer (See Instructions)	
Principal occup		
	Pilot Dynamic Ai	rualt Consortium
Date	Full name of contributor	Amount of contribution (\$)
12/19/23	Jackie S. Wolf Contributor address; City; State; Zip Code	100.00
	902 N. Main St. #12 San Angelo, TX 76903	
Principal occup	Petired Employer (See Instructions)  Retired	ions)
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)
12/19/23	Charles 650d  Contributor address; City; State; Zip Code	100:00
	3501 WCStover Terrace San Angelo Tx 76904 pation / Job title (See Instructions) Employer (See Instruct	
Principal occup	Retired Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

#### 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:		
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
10/31/23	Dean Feathers  6 Contributor address; City; State; Zip Code	500.00		
	312 Edinburgh San Angelo, TX 76901			
_	pation / Job title (See Instructions)  9 Employer (See Instruc			
Ban	ex utilers of	tate Bank		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
11/03/23	Lee Pfluger - Ranch Contributor address; City: State; Zip Code	1,000.00		
	P.O Box 1991 San Angelo, TX 76902			
Principal occup	SUF-Employed Business C			
Date	Full name of contributor	Amount of contribution (\$)		
11/03/23	TASON MCMIIAN  Contributor address; City; State; Zip Code	1,000.00		
	7687 Elk Run San Angelo, TX 76901			
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct  Employer (See Instruct  Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)		
11/03/23	JANA Thomason  Contributor address; City; State; Zip Code	1,000,00		
	3237 Forest Hill Dr. San Angelo, TX 76904			
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)		
Realtor Angelo Home Team				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
01/14/24	6 Contributor address; City; 903 Todd Un. San Angelo,	State; Zip Code	200.00
III =	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Se	It-Employed	Business	Owner
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
01/16/2024		76904	250.00
Principal occup	3613 Threeawn Sa	Employer (See Instruct	ione)
	eation / Job title (See Instructions)		ckson Regitors
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
01/14/24	San Angelo Federal Credit 1 Contributor address; City; 235 W. 18 St. San Angelo	State; Zip Code	500,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor cut-of-state PAC	) (ID#:)	Amount of contribution (\$)
01/14/24		State; Zip Code	2,500.00
	P.O Box 3344 San Angel	DTX 76902	
·	ation / Job title (See Instructions)	Employer (See Instruct	
В	usiness owner	Self-Emp	loved

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#### SCHEDULE A1

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

The	Instruction Guide explains how to comp	1 Total pages Schedule A1:		
2 FILER NAME	Traves Griffith		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of	-slate PAC (ID#:)	7 Amount of contribution (\$)	
12/10/2	Darlene Good			
12/19/23	6 Contributor address; City;	State; Zip Code	100,00	
	350  Westover Terrace Sa pation / Job title (See Instructions)	in Anaelo.Tx 76904		
8 Principal occu			tions)	
	Retired	Retired		
Date	Full name of contributor out-of-	-state PAC (ID#:)	Amount of contribution (\$)	
12/19/22	Anna Wardlaw		100.00	
12/19/23	Contributor address; City;	State; Zip Code	[00.∞	
	1201 S. Park St. San Ange	NO.TX 76901		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Retired	Retired		
Date	Full name of contributor out-of-	state PAC (ID#:)	Amount of contribution (\$)	
	W.H Wardlaw			
12/19/23	Contributor address; City;	State; Zip Code	[DD:00]	
	1201 S. Park St. San Ana	elo, Tx 76901		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	Retired	Retired		
Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)	
10/10/2	Tim + Carla World	Υ.		
12/19/23	Contributor address; City;	State; Zip Code	2,500.00	
	all N. Milton San Ang	460, TX 16901		
Principal occup	ation / Job title (See Instructions)	Employer (See Astruct	ions)	
	Pilot	Jen p	mproyed	
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#### SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form.				
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)			
	Inavis Grithlith				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)			
01/22/24	AND NY MDUS  6 Contributor address; City; State; Zip Code	50,00			
9 Discharles	ANDNYMOUS - N/A  upation / Job title (See Instructions)  9 Employer (See Instructions)				
6 Principal occu	upation / Job title (See Instructions)  9 Employer (See Instructions)	nons)			
Date	Full name of contributor	Amount of contribution (\$)			
01/23/24	Toseph T. Spano Contributor address; City; State; Zip Code	250,00			
	5805 White Castle Ln. San Angelo, Tx 76901				
Principal occup	pation / Job title (See Instructions)  Employer (See Instruct Republic				
Date	Full name of contributor	Amount of contribution (\$)			
01/23/24	Contributor address; City; State; Zip Code	50,00			
	Anonymous-N/A				
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)			
Date	Full name of contributor out-of-state_PAC (ID#:)	Amount of contribution (\$)			
01/23/24	Contributor address; City; State; Zip Code	250,00			
	1582 S. Cuncho Dr. San Angelo, Tx 76904				
Principal occup	Chinpractor  Chinpractor  Chinpractor  Self-Employer (See Instructions)				

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## 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:
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
01/24/24	6 Contributor address; City; State; Zip Code	200.06
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
a Principal occu		NOS (N.Max)
- 170	and Company Talk-07	exas courier)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/07/24	Charles E. Geron  Contributor address; City; State; Zip Code	50.00
	4014 Shefflera Dr. San Angelo TX 76904	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	ions)
	Retired Retired	
Date	Full name of contributor	Amount of contribution (\$)
02/06/24	Contributor address; City; State; Zip Code	500.00
	818 Lake View Heroes Dr. San Angelo, Tx 76903	
Principal occup	ation / Job title (See Instructions)  Employer (See Instruct	ions)
	H+S rentals Owner	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/14/24	Contributor address; City; State; Zip Code	500,00
	5909 Sussex Pl. San Angelo, Tx 76901	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
(SDVA	- Employee City of Sa	n Analw

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	1 Total pages Schedule A1:			
2 FILER NAME	Travis Griffith		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state_PAC	(ID#:)	7 Amount of contribution (\$)	
10/25/23	6 Contributor address; City;	State; Zip Code	50.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date		(ID#:)	Amount of contribution (\$)	
10/25/23	Contributor address; City;	State; Zip Code	200.00	
	3622 Oak Creek Dr. San Ange	10, Tx 76904		
Principal occup	Govt, Employee	Employer (See Instructi	n Angelo	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
10/25/23	Robert + Lauren Watking Contributor address; City;	State; Zip Code	2,500.00	
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Principal occup	Business Owner	Self -Emp	otoyed	
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)	
10/31/23	Contributor address; City;	State; Zip Code	100.00	
	902 N Main St. # 21 San Ang	PELOTIX 71903		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
	ATTACH ADDITIONAL COPIES O			

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	Travis Gri-	Fith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
11/15/23	John & Alison 6 Contributor address;	City;	State; Zip Code	200.00
	P.O BOX 40282	San Angel	D, TX 76906	
8 Principal occu	R CONSTRUCT	s)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
11/17/23	Contributor address;	City;	State; Zip Code	2,500.00
	5517 Columbine pation / Job title (See Instructions	Ln. San 1	Angelo,TX 718104	
Principal occup	DWNLYS	······································	CRUKSIDE RUI	ral Investments, Inc.
Date	Full name of contributor	oul-of-state PA	C (ID#:)	Amount of contribution (\$)
12/18/23	Wrly Montg Contributor address;	OMERY	State; Zip Code	100.00
	5618 Wardbine	(n. San A	naelv.tx 76904	
Principal occup	pation / Job title (See Instructions		Employer (See Instruct	
	Banker		City Natt B	ank
Date	Full name of contributor	cut-of-state PAC	C (ID#:)	Amount of contribution (\$)
19/25/23	Contributor address;	City;	State; Zip Code	50,00
Principal occup	pation / Job title (See Instructions	)	Employer (See Instruct	ions)
			-	_
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## SCHEDULE A1

The	Instruction Guide explains ho	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Travis Gri	ffit L		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	oul-of-slate PA	G (ID#:)	7 Amount of contribution (\$)
11 100 la =	ANDINATION AND S			
11/03/23	6 Contributor address;	City;	State; Zip Code	50.00
	N/4-			
8 Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instruc	itions)
Date	Full name of contributor	ut-of-state PA	C (ID#:)	Amount of contribution (\$)
	Vanessa Gr	iffith		
11/29/24	Contributor address;		State; Zip Code	50.00
	ZIONO MECKONE	Dr San Au	naelo TETI ANU	
Principal occup	3622 Oak Creek Dation / Job title (See Instructions)	1. 30(1) 114	Employer (See Instruc	tions)
	Teacher		San Ana	LLO ISD
Date	Full name of contributor	Out-of-state PA	C (ID#: )	Amount of contribution (\$)
	Dick Griffit	40		Amount of contribution (#)
11/28/23	Contributor address;	City;	State; Zip Code	100,00
11/40/44				·
Principal occur	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Findipal occur	Rancher	•	Self-F	molared
	10010100		Jan 2	· · · p.cyca
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/04/24	HYDNYMOL		State: Zin Code	50 W
09 01/0CI	Contributor addréss;	City;	State; Zip Code	30,00
	N/A			
Principal occup	pation / Job title (See Instructions)	•	Employer (See Instruc	tions)
	A	TIONAL COSTS	OF THE COUEDING ACT	EEDED
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#### 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
2 FILER NAME	Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/04/24	6 Contributor address; City;	State; Zip Code	50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date		(ID#:)	Amount of contribution (\$)
01/10/24		State; Zip Code	20.00
	2210 Sul RUSS St. San Angeli	). Tx 76904	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	Rancher	self-Emp	vyea
Date	_	(ID#:)	Amount of contribution (\$)
01/26/24		State; Zip Code	500.00
	2198 Copper Rock San Angeli	2,TX76904	
٨	ustion / Job title (See Instructions)	Employer (See Instruction Angelo	Appraisals
Date	Full name of contributor out-of-state PAC (	ID#:}	Amount of contribution (\$)
03/04/24	ANDNY MOUS  Contributor address; City;	State; Zip Code	50,00
	N/A		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

#### SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1:		
2 FILER NAME	Travis Grif	Cith		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Ginger Moor	e		
03/22/24	6 Contributor address;	City;	State; Zip Code	60.00
	4178 Ruby Lee Ly.	San Ana	elo, Tx 76904	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Retire	d		Retired	
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
, olaylari	Anonymous			
.03/04/24	Anony mous Contributor address;	City;	State; Zip Code	40,00
	Andrymou	S-N/A	-	
Principal occup	ation / Job title (See Instructions)	1 1	-Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Mute Champio	N)		
02/15/24	Contributor address;	City;	State; Zip Code	400.00
	1730 Becker Un. Sal	n Amaelo.7	5x 71Ab4	
Principal occup	ation / Job title (See Instructions)	( Ti Bow)	Employer (See Instruct	ions)
	Pilot		Self-En	aployed
Date	Full name of contributor	□ out-of-state PAC	: (ID#:)	Amount of contribution (\$)
_	An DIA MAN IC		, (10)	
11/03/23	Contributor address;	City;	State; Zip Code	50.00
	1110	•	,	30.00
Driveries Leave	N/A		Employer (See Instruct	iane)
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
•				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME Travis Griffith			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor   oul-of-state PAG		7 Amount of contribution (\$)		
01/26/24	Terry Stokes & Bevery 6 Contributor address; City;	State; Zip Code	500.00		
,	6102 Halley Ct. San Angelo	TX 76204			
l	pation / Job title (See Instructions)	9 Employer (See Instruc	The state of the s		
k	Business Owner	self-Emp	loyea		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	3 (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

if the requested information is not applicable, bo NOT include this page in the report.				
The Instruction Guide explains how to complete this for	orm. 1 Total pages Schedule A2:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Travis Griffith				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	\$ \$ 170.47			
5 Date 6 Full name of contributor	8 Amount of 9 In-kind contribution Contribution \$   description			
12/01/23 The UPS Store 7 Contributor address; City; State;	zip Code 2,500.00 Advertising and print items			
3524 Knickerbacter Ste. C. San Angol	Check if travel outside of Texas, Complete Schedule			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
The second of th	10 Bondisator e jos dato (1 61/ 36 Brown L) (Ges aliginational)			
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  Full name of contributor out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description  Zip Code  Check it travel outside of Texas. Complete Schedule T			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Attorney	Principal L.E.D			
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)				
•				
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## 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 Trans Griffith	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	\$ snoitu			
1 - 1 - 2 - 2 - 21	8 Amount of Contribution \$ In-kind contribution description  \$4,600.00 Sign Stands			
03/2024 8531 Spillway Rd. San Angelo, Tx	76904 Check if travel outside of Texas. Complete Schedule T.			
Business Owner	11 Employer (FOR NON-JUDICIAL) (See Instructions) SUF-Employed			
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  Full name of contributor out-of-state PAC (ID#	Amount of Contribution \$ In-kind contribution description  749.50   Venue + Food  Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Government Employee	C.V.C.O.G			
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)				
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## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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 A2:	
2 FILER NAM	Travis Griffith		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 6 Full name of contributor				9 In-kind contribution description Pastict Paper 1 goods for meal ide of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/11/24 02/27/24	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$  59.98  Check if travel outside	In-kind contribution description Social Media Ad SPONSOT de of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	(FOR NON-JUDICIA S. A.P.D	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	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 T	HIS SCHEDU	LE AS NEEDED	

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAME TRAVIS GRIFFITH			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
	Full name of contributor out-of-state PAC (ID#:	11 Employe	8 Amount of Contribution S   9 In-kind contribution description   3134.5   Printing    Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL)(See Instructions)  Tor'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	Full name of contributor	Zip Code	Amount of In-kind contribution description    In-kind contribution description   In-kind contribution   In-kind co
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	or'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)		
	•		
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#### 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
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 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 (enters extension and listed shows)

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 11 1 2023	5 Payee name TEXAS STATE BANK		
6 Amount (\$) 3975	7 Payee address; 2201 SHERWOOD WAY	SAN ANGELO	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  OFFICE	(b) Description CHECKS	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 11/9/2023	Payee name SHIPPING POINT		
Amount (\$)	Payee address;	City;	State; Zip Code
2164	1300 W BEAUREGARD A	VE. SAN ANG	260 1x 76901
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  APVERTISING	Description 516NS	
	Check if travel outside of Texas. Complete Schedule T.	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 11 21 2023	Payee name  RY THE STREAM M	EDIA	
Amount (\$)	Payee address;	City;	State; Zip Code
194850	3017 KNICKENBOCKER RJ	l San Ar6	ELO TX 76904
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVECTISING	VIDEO- (	DIGITAL MEDIA
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

#### 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category	not listed soove)
1 Total pages Schedule F1:	2 FILER NAME Travis Griffith		3 Filer ID (Ethics (	Commission Filers)
4 Date 11 24 2023	5 Payee name SETH LIFE LLC	<del></del>		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
129900	12 E TWOHLG SUITE 2:	OD-A SANA	INSELD TX	76903
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	APVERTISING	WEB-SIT	E DESIGN	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
12/8/2023	BY THE STREAM	NEDIA		
Amount (\$)	Payee address;	City;	State;	Zip Code
97425	3017 KNICKERBOCKER K	d. San A	WELD TX	76904
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX. officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O.	ffice held
Date 12/15/2013	Payee name  ALL ABOUT SIGNS			
Amount (\$)	Payee address;	City;	State;	Zip Code
71445	3534 SHERWOOD WAY	SIN ANG	b TX	76901
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVECTISING	SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Candidate/Officeholder/Politica Credit Card Payment	at Committee Legal Services Salaries/V  The Instruction Guide explains how to o	Vages/Contract Labor Other (enter a category not listed above)  complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Travis Griffith	3 Filer ID (Ethics Commission Filers)	
4 Date 1 2024	5 Payee name   EXAS STATE BANK		
6 Amount (\$)	7 Payee address;  2201 SHERWARD WAT	City: State; Zip Code  SIN ANIERO TX 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ACCOUNT ANDLYSIS FEE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date 1/8/2024	Payee name VISTA RIMT		
Amount (\$)	Payee address;	City; State; Zip Code	
39915	ONLINE ORDER		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  DOR HANGERS	
	Check if travel outside of Texas. Complete Schedule T.	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 (/11/2024	Payee name THE FRONT BONK PR	opucts	
Amount (\$)	Payee address;	City; State; Zip Code	
98047	2013 Junius	SIN ANGELS TX 76901	
PURPOSE OF	Category (See Categories listed at the top of this schedule)  ADVERT(SING	Description  HATS, 1-SHIRTS	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX. officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### 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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 03/21/24 City; Twohig Suite 200A San Angelo, TX 76903 389.70 8 VIDEO - EDITING PURPOSE VERTISING OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 03/21/24 City; State: Zip Code 900.00 PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 03/05/24 City; State; Zip Code 162.38 PURPOSE OF EXPENDITURE Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Pavee name City; State; Zip Code 273.33 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name About Signs 03/04/24 Amount (\$) City; State: Zip Code 1,591,28 Description PURPOSE EXPENDITURE Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Texas State 03/01/24 Amount (\$) Zip Code City; State:

Revised 11/15/2022

Office held

Check if Austin, TX, officeholder living expense

Office sought

4.46

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related 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 Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages, Schedule F1: 2 FILER NAME 4 Date 5 Pavee name Zip Code 7 Payee address; 3,580.72 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City: State: Zip Code 893.06 **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if Austin, TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T.

Office sought

Office held

Candidate / Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees ( Food/Beverage Expense F by Gift/Awards/Memorials Expense F	oan 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)
Credit Delle F Syrina it	The Instruction Guide explains I	now to complete this form.	,
1 Total pages Schedule F1:	2 FILER NAME Travis Griffi	th	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/24	5 Payee name Foster Communic	ations	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
350.00	2824 Sherwood W	ay San Ano	elo,Tx 76901
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF	A licard- at a	Padia	
EXPENDITURE	havemsing	Radio	
	(c) Check if travel outside of Texas. Complete Schel	duleT. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/22/24	Teacher Store	City	State; Zip Code
Amount (\$)	Payee address;	City;	State, Zip Code
366.89	310 N. Chadbourne	St. San Ang	elo,TX 76903
PURPOSE	Category (See Categories listed at the top of this sche		
OF EXPENDITURE	ADVERTISING	I ( SHU	टार्ड
EXPENDITORE	Check if travel outside of Texas. Complete Sched	fule T. Check if Austin	n, TX. officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
01/22/24	The Front Bank Prod	tucts	
Amount (\$)	Payee address;	City;	State; Zip Code
97.43	2013 Junius St. Sal	1 1 1 1 1 1 1 1 1	6901
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	Advertising	Hats, s	hirts
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin	n, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

#### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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)

Contributions/Donations (wade b Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME TVAVIS GRIFFITH	3 Filer ID (Ethics Commission Filers)
4 Date //24 7024	5 Payee name ABOUT SIGNS	
6 Amount (\$)	7 Payee address;	City: State; Zip Code
213253	3534 SHERWOOD WAY	SAN ANGELO TX 76901
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	A DVERTISING	HATS, T-SHIPES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date/	Payee name	
1/18/2024	BY THE STREAM	MEDIA
Amount (\$)	Payee address;	City; State; Zip Code
48713	3017 KNICKERBOCKER K	DAN ANGELO TX 76904
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	APVERTISING	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3-25-2024	Venmo / Stripes	
Amount (\$)	Payee address;	City; State; Zip Code
80.81		
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		Processing Fees
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED