

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: 30 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI TRAVIS NICKNAME LAST SUFFIX GRIFFITH | OFFICE USE ONLY Date Received 04-04-2024 @ 1:28p.m. Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3622 OAK CREEK DR. SAN ANGELO, TX 76904 <input type="checkbox"/> Change of Address | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (325) 315-6462 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI ROBERT NICKNAME LAST SUFFIX WATKINS | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 909 W BEAUREGARD AVE., SAN ANGELO, TX 76901 (Residence or Business) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (325) 716.7144 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 10 / 25 / 23 THROUGH 3 / 25 / 2024 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 4 / 2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) CHIEF OF POLICE | |
| 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. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Travis Griffith

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)

\$ 170.47

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 43,969.41

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 17,699.04

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 14,335.57

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

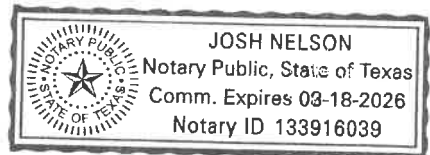
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by JOSH NELSON this the 4th day of APRIL.

20 24, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

JOSH NELSON

NOTARY

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 <i>Travis Griffith</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>32,044.00</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>11,925.41</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ <i>0</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>17,699.04</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>0</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>0</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>0</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i> |

MONETARY POLITICAL CONTRIBUTIONS

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:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

02/05/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Zach McCormick

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

329 W. Harris San Angelo, TX 76903

8 Principal occupation / Job title (See Instructions)

Banker

9 Employer (See Instructions)

Citizens State Bank

Date

02/16/24

Full name of contributor out-of-state PAC (ID#: _____)

Cathy Choate

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

5601 Cross Creek Ct. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Assistant Bentwood Estates

Employer (See Instructions)

Bentwood

Date

02/16/24

Full name of contributor out-of-state PAC (ID#: _____)

David Aycock

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O Box 61754 San Angelo, TX 76906

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Date

01/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Zachary L. Spurgers

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

4133 Autumnwood Tr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Youth Pastor

Employer (See Instructions)

Christian Church San Angelo

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/25/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Hooten | 7 Amount of contribution (\$) 50.00 |
| 6 Contributor address; City; State; Zip Code 3544 Black Buck Tr. San Angelo, TX 76901 | | |
| 8 Principal occupation / Job title (See Instructions) Govt. Employee | | 9 Employer (See Instructions) Tom Green County |
| Date 02/26/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Thomason | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 11118 Parkfield Dr. Austin, TX 78758 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 02/02/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Boswell, Jr. | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 1541 Whitney St. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Shannon Hospital |
| Date 02/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky or Trisha Jordan | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 27 Southridge Dr. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) Self-Employed |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/13/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Hooten | 7 Amount of contribution (\$) 50.00 |
| 6 Contributor address; City; State; Zip Code 3544 Black Buck Tr. San Angelo, TX 76901 | | |
| 8 Principal occupation / Job title (See Instructions) Govt. Employee | | 9 Employer (See Instructions) Tom Green County |
| Date 03/18/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabriel Hughes | Amount of contribution (\$) 200.00 |
| Contributor address; City; State; Zip Code 1521 Shafter San Angelo, TX 76901 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Principal L.E.D |
| Date 03/20/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashby Franklin | Amount of contribution (\$) 25.00 |
| Contributor address; City; State; Zip Code 423 Baker St. San Angelo, TX 76903 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/20/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Cortines | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 2511 W. Harris Ave. San Angelo, TX 76901 | | |
| Principal occupation / Job title (See Instructions) Govt. Employee | | Employer (See Instructions) City of San Angelo |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/22/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous | 7 Amount of contribution (\$) 50.00 |
| 6 Contributor address; City; State; Zip Code N/A | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|--|--|--|
| Date 11/30/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Griffith | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 3622 Oak Creek Dr. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) San Angelo ISD |

| | | |
|--|--|---|
| Date 12/11/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Lisson | Amount of contribution (\$) 20.00 |
| Contributor address; City; State; Zip Code P.O. Box 928 San Angelo, TX 76902 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self-Employed |

| | | |
|---|---|---|
| Date 12/12/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark A. Brown, Brown Law Firm | Amount of contribution (\$) 200.00 |
| Contributor address; City; State; Zip Code 121 S. Irving San Angelo, TX 76903 | | |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self-Employed |

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Kim Spooner

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

1630 Iowa Ave. San Angelo, TX 76904

8 Principal occupation / Job title (See Instructions)

Grocery

9 Employer (See Instructions)

HEB

Date

2/13/24

Full name of contributor out-of-state PAC (ID#: _____)

Pamela Robinson

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4105 Townview Ln. San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

03/08/24

Full name of contributor out-of-state PAC (ID#: _____)

Mitchell Brininstool

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

3129 Clearview Dr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Pilot

Employer (See Instructions)

Self - Employed

Date

02/28/24

Full name of contributor out-of-state PAC (ID#: _____)

Anonymous

Amount of contribution (\$)

30.00

Contributor address; City; State; Zip Code

N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/29/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous 6 Contributor address; City; State; Zip Code N/A | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous Contributor address; City; State; Zip Code N/A | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous Contributor address; City; State; Zip Code Anonymous-N/A | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/25/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe + Pam Kasberg Contributor address; City; State; Zip Code 5405 Tabosa Dr. San Angelo, Tx 76904 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Private Practice |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/22/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS | 7 Amount of contribution (\$) 50.00 |
| | 6 Contributor address; City; State; Zip Code ANONYMOUS - N/A | |
| 8 Principal occupation / Job title (See Instructions) _____ | | 9 Employer (See Instructions) _____ |

| | | |
|---|---|---|
| Date 03/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS | Amount of contribution (\$) 50.00 |
| | Contributor address; City; State; Zip Code ANONYMOUS - N/A | |
| Principal occupation / Job title (See Instructions) _____ | | Employer (See Instructions) _____ |

| | | |
|---|--|--|
| Date 03/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles + Darlene Good | Amount of contribution (\$) 200.00 |
| | Contributor address; City; State; Zip Code 3501 Westover Terrace San Angelo, TX 76904 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

| | | |
|---|--|--|
| Date 03/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston + Amberly Wimberly | Amount of contribution (\$) 200.00 |
| | Contributor address; City; State; Zip Code 210 S. Washington St. San Angelo, TX 76901 | |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) Business Owner |

| | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

03/18/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Wardlaw Mineral & Royalty, L.P.

6 Contributor address; City; State; Zip Code

1201 S. Park St. San Angelo, TX 76901

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

03/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Conolly Brooks

Contributor address; City; State; Zip Code

106 W. Twonig San Angelo, TX 76903

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self-Employed

Date

03/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Craig Thomason

Contributor address; City; State; Zip Code

2164 Gun Club Rd. San Angelo, TX 76904

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Govt. Employee

Employer (See Instructions)

City of San Angelo

Date

03/20/24

Full name of contributor out-of-state PAC (ID#: _____)

Kent Lacy

Contributor address; City; State; Zip Code

2817 Briargrave Ln. San Angelo, TX 76904

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/24

5 Full name of contributor out-of-state PAC (ID#: _____)

John Mark McLaughlin

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

P.O. Box 1170 San Angelo, TX 76902

8 Principal occupation / Job title (See Instructions)

Banker

9 Employer (See Instructions)

Texas State Bank

Date

03/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Lupe Gomez

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3825 Tridens Tr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Coldwell Banker

Date

03/18/24

Full name of contributor out-of-state PAC (ID#: _____)

Sam Gomez

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3825 Tridens Tr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Car Dealer

Employer (See Instructions)

Self - Employed

Date

03/18/24

Full name of contributor out-of-state PAC (ID#: _____)

David Peters

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

4821 Century Dr. San Angelo, TX 76903

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/22/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loose Arrow, LLC. / Martin Lucero | 7 Amount of contribution (\$) 200.00 |
| 6 Contributor address; City; State; Zip Code 2108 W. Beauregard Ave. San Angelo, TX 76901 | | |
| 8 Principal occupation / Job title (See Instructions) Self-employed | | 9 Employer (See Instructions) Self-employed |
| Date 03/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan Venable / Tracy Piatt - Fox | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code P.O Box 361 Christoval, TX 76935 | | |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) Business owner |
| Date 03/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky or Trisha Jordan | Amount of contribution (\$) 800.00 |
| Contributor address; City; State; Zip Code 27 Southridge Dr. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Business Owners | | Employer (See Instructions) Self-Employed |
| Date 01/19/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Williamson | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 3314 Clearview Dr. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Doctor | | Employer (See Instructions) Shannon Medical Center |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/23/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous | 7 Amount of contribution (\$) 50.00 |
| | 6 Contributor address; City; State; Zip Code N/A | |
| 8 Principal occupation / Job title (See Instructions) — | | 9 Employer (See Instructions) — |
| Date 02/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul + Valerie Pries | Amount of contribution (\$) 250.00 |
| | Contributor address; City; State; Zip Code 808 Humble Rd. San Angelo, TX 76903 | |
| Principal occupation / Job title (See Instructions) Banking/Financial | | Employer (See Instructions) Self-Employed |
| Date 02/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teri Jackson | Amount of contribution (\$) 250.00 |
| | Contributor address; City; State; Zip Code 1515 Grierson San Angelo, TX 76901 | |
| Principal occupation / Job title (See Instructions) Real Estate Broker | | Employer (See Instructions) Self-Employed/owner |
| Date 02/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS | Amount of contribution (\$) 49.00 |
| | Contributor address; City; State; Zip Code N/A | |
| 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.

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/18/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angelo Archives 6 Contributor address; City; State; Zip Code P.O Box 1352 San Angelo, TX 76902 | 7 Amount of contribution (\$) 2,000.00 |
| 8 Principal occupation / Job title (See Instructions) Security | | 9 Employer (See Instructions) Security Company |
| Date 12/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason + Mary Alice Andrews Contributor address; City; State; Zip Code 3621 Cedar Creek Dr. San Angelo, TX 76904 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Pilot | | Employer (See Instructions) Dynamic Aircraft Consortium |
| Date 12/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie S. Wolf Contributor address; City; State; Zip Code 902 N. Main St. #12 San Angelo, TX 76903 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Good Contributor address; City; State; Zip Code 3501 Westover Terrace San Angelo, TX 76904 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/31/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean Feathers | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; City; State; Zip Code 312 Edinburgh San Angelo, TX 76901 | | |
| 8 Principal occupation / Job title (See Instructions) Banker | | 9 Employer (See Instructions) Citizens State Bank |
| Date 11/03/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Pfluger - Ranch | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code P.O Box 1991 San Angelo, TX 76902 | | |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) Business Owner |
| Date 11/03/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason McMillan | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 7687 Elk Run San Angelo, TX 76901 | | |
| Principal occupation / Job title (See Instructions) Govt. Employee | | Employer (See Instructions) State of Texas |
| Date 11/03/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Thomason | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 3237 Forest Hill Dr. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Angelo Home Team |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/14/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loose Arrow, LLC./Martin Lucero | 7 Amount of contribution (\$) 200.00 |
| 6 Contributor address; City; State; Zip Code 903 Todd Ln. San Angelo, TX 76903 | | |
| 8 Principal occupation / Job title (See Instructions) Self-Employed | | 9 Employer (See Instructions) Business Owner |
| Date 01/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KD Pool 3 | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 3613 Threecawn San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Teri Jackson Realtors |
| Date 01/16/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Angelo Federal Credit Union | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 235 W. 1st St. San Angelo, TX 76903 | | |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) |
| Date 01/16/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert + Lauren Watkins | Amount of contribution (\$) 2,500.00 |
| Contributor address; City; State; Zip Code P.O Box 3344 San Angelo, TX 76902 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self-Employed |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/19/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darlene Good | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; City; State; Zip Code 3501 Westover Terrace San Angelo, TX 76904 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 12/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anna Wardlaw | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 1201 S. Park St. San Angelo, TX 76901 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.H. Wardlaw | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 1201 S. Park St. San Angelo, TX 76901 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 12/19/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim + Carla Worley | Amount of contribution (\$) 2,500.00 |
| Contributor address; City; State; Zip Code 211 N. Milton San Angelo, TX 76901 | | |
| Principal occupation / Job title (See Instructions) Pilot | | Employer (See Instructions) Self-Employed |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

01/22/24

5 Full name of contributor out-of-state PAC (ID#: _____)

ANONYMOUS

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

ANONYMOUS - N/A

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/23/24

Full name of contributor out-of-state PAC (ID#: _____)

Joseph J. Spano

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5805 White Castle Ln. San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Area Manager

Employer (See Instructions)

Republic

Date

01/23/24

Full name of contributor out-of-state PAC (ID#: _____)

ANONYMOUS

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

ANONYMOUS - N/A

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/23/24

Full name of contributor out-of-state PAC (ID#: _____)

Drew + Lisa Wallace

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1582 S. Concho Dr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Childpractor

Employer (See Instructions)

Self - Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

01/24/24

5 Full name of contributor

Lawrence Ricci

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

323 S. Park St. San Angelo, TX 76901

8 Principal occupation / Job title (See Instructions)

Food Company

9 Employer (See Instructions)

Talk-O Texas (owner)

Date

02/07/24

Full name of contributor

Charles E. Geron

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

4014 Shefflera Dr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

02/06/24

Full name of contributor

Haden Burchard

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

818 Lakeview Herdes Dr. San Angelo, TX 76903

Principal occupation / Job title (See Instructions)

H+S Rentals

Employer (See Instructions)

Owner

Date

02/14/24

Full name of contributor

Jerry Huffman

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

5909 Sussex Pl. San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Govt. Employee

Employer (See Instructions)

City of San Angelo

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

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:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

10/25/23

5 Full name of contributor

ANONYMOUS

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

N/A

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/25/23

Full name of contributor

Travis Griffith

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

3622 Oak Creek Dr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Govt. Employee

Employer (See Instructions)

City of San Angelo

Date

10/25/23

Full name of contributor

Robert + Lauren Watkins

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2,500.00

Contributor address; City; State; Zip Code

P.O Box 3344 San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self - Employed

Date

10/31/23

Full name of contributor

Jackie Wolfe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

902 N. Main St. #121 San Angelo, TX 76903

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/15/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John & Allison Rodgers | 7 Amount of contribution (\$) 200.00 |
| 6 Contributor address; City; State; Zip Code P.O. Box 60282 San Angelo, TX 76906 | | |
| 8 Principal occupation / Job title (See Instructions) K R Construction | | 9 Employer (See Instructions) Owner |
| Date 11/17/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay & Dana Dickens | Amount of contribution (\$) 2,500.00 |
| Contributor address; City; State; Zip Code 5517 Columbine Ln. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Owners | | Employer (See Instructions) Creekside Rural Investments, Inc. |
| Date 12/18/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley Montgomery | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 5618 Woodbine Ln. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Banker | | Employer (See Instructions) City Natl. Bank |
| Date 10/25/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code N/A | | |
| Principal occupation / Job title (See Instructions) _____ | | Employer (See Instructions) _____ |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/03/23 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS | 7 Amount of contribution (\$) 50.00 |
| 6 Contributor address; City; State; Zip Code N/A | | |
| 8 Principal occupation / Job title (See Instructions) _____ | | 9 Employer (See Instructions) _____ |
| Date 11/29/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa Griffith | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code 3622 Oak Creek Dr. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) San Angelo ISD |
| Date 11/28/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick Griffith | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code 311 Rose St. Merkel, TX 79536 | | |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) Self - Employed |
| Date 03/04/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code N/A | | |
| Principal occupation / Job title (See Instructions) _____ | | Employer (See Instructions) _____ |

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MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/04/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous | 7 Amount of contribution (\$) 50.00 |
| 6 Contributor address; City; State; Zip Code N/A | | |

| | |
|---|---|
| 8 Principal occupation / Job title (See Instructions) _____ | 9 Employer (See Instructions) _____ |
|---|---|

| | | |
|--|---|---|
| Date 01/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay Garrett | Amount of contribution (\$) 20.00 |
| Contributor address; City; State; Zip Code 2210 Sul Ross St San Angelo, TX 76904 | | |

| | |
|---|---|
| Principal occupation / Job title (See Instructions) Rancher | Employer (See Instructions) Self-Employed |
|---|---|

| | | |
|--|---|--|
| Date 01/26/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Mavromaras | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 2198 Copper Rock San Angelo, TX 76904 | | |

| | |
|---|---|
| Principal occupation / Job title (See Instructions) Appraiser | Employer (See Instructions) Angelo Appraisals |
|---|---|

| | | |
|--|---|---|
| Date 03/04/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code N/A | | |

| | |
|---|---|
| Principal occupation / Job title (See Instructions) _____ | Employer (See Instructions) _____ |
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/22/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginger Moore | 7 Amount of contribution (\$) 60.00 |
| 6 Contributor address; City; State; Zip Code 4178 Ruby Lee Ln. San Angelo, TX 76904 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 03/04/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS | Amount of contribution (\$) 40.00 |
| Contributor address; City; State; Zip Code ANONYMOUS - N/A | | |
| Principal occupation / Job title (See Instructions) _____ | | Employer (See Instructions) _____ |
| Date 02/15/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Champion | Amount of contribution (\$) 400.00 |
| Contributor address; City; State; Zip Code 1730 Becker Ln. San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Pilot | | Employer (See Instructions) Self - Employed |
| Date 11/03/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANONYMOUS | Amount of contribution (\$) 50.00 |
| Contributor address; City; State; Zip Code N/A | | |
| Principal occupation / Job title (See Instructions) _____ | | Employer (See Instructions) _____ |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/26/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Stokes + Beverly Stokes 6 Contributor address; City; State; Zip Code 6102 Halley Ct. San Angelo, TX 76904 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) Business Owner | | 9 Employer (See Instructions) Self-Employed |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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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, **DO NOT** include this page in the report.

| | | | |
|---|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 4 | |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 170.47 | |
| 5 Date 12/01/23 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The UPS Store | 8 Amount of Contribution \$ 2,500.00 | 9 In-kind contribution description Advertising and print items |
| 7 Contributor address; City; State; Zip Code 3524 Knickerbocker Ste. C San Angelo, TX 76904 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Self-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 01/12/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabe Hughes | Amount of Contribution \$ 500.00 | In-kind contribution description Computer/ Software services |
| Contributor address; City; State; Zip Code 1521 Shafter San Angelo, TX 76901 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney | | Employer (FOR NON-JUDICIAL) (See Instructions) 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) | | | |

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, **DO NOT** include this page in the report.

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/2024-03/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Nowlin | 8 Amount of Contribution \$ \$4,600.00 | 9 In-kind contribution description Sign Stands |
| 7 Contributor address; City; State; Zip Code 8531 Spillway Rd. San Angelo, TX 76904 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Self - 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 03/28/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Austin Stokes | Amount of Contribution \$ 749.50 | In-kind contribution description Venue + Food |
| Contributor address; City; State; Zip Code 5430 Link Rd. San Angelo, TX 76904 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Government Employee | | Employer (FOR NON-JUDICIAL) (See Instructions) 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) | | | |

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, DO NOT include this page in the report.

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 03/25/24 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabe Hughes | 8 Amount of Contribution \$ 210.95 | 9 In-kind contribution description Plastic & Paper goods for meal |
| 7 Contributor address; City; State; Zip Code 1521 Shafter San Angelo, TX 76901 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Attorney | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Principal L.E.D | |
| 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 03/11/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Griffith | Amount of Contribution \$ 59.98 | In-kind contribution description Social Media ad sponsor |
| 02/27/24 | Contributor address; City; State; Zip Code 3022 Oak Creek Dr. San Angelo, TX 76904 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Police Officer | | Employer (FOR NON-JUDICIAL) (See Instructions) S.A.P.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) | | | |

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, **DO NOT** include this page in the report.

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 12/01/23 01/15/24 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josh Nelson | 8 Amount of Contribution \$ 3134.51 | 9 In-kind contribution description Printing |
| 7 Contributor address; City; State; Zip Code 3524 Knickerbocker Rd. San Angelo, TX 76904 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Business Owner | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) Self-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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | |
| 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

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: 8 | 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 | City: SAN ANGELO | State: TX | Zip Code 76901 |
|-----------------------|---------------------------------------|---------------------|--------------|-------------------|

| | | |
|------------------------------------|---|---------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OFFICE | (b) Description CHECKS |
| | (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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------|------------------------------|
| Date 11/9/2023 | Payee name SHIPPING POINT |
|-------------------|------------------------------|

| | | | | |
|---------------------|--|---------------------|--------------|-------------------|
| Amount (\$) 2164 | Payee address: 1300 W BEAUREGARD AVE. | City: SAN ANGELO | State: TX | Zip Code 76901 |
|---------------------|--|---------------------|--------------|-------------------|

| | | |
|------------------------|---|----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description SIGNS |
| | <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 11/21/2023 | Payee name BY THE STREAM MEDIA |
|--------------------|-----------------------------------|

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|-----------------------------------|--|---------------------|--------------|-------------------|
| Amount (\$) 1948 ⁵⁰ | Payee address: 3017 KNICKERBOCKER RD. | City: SAN ANGELO | State: TX | Zip Code 76904 |
|-----------------------------------|--|---------------------|--------------|-------------------|

| | | |
|------------------------|---|--------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description VIDEO - DIGITAL MEDIA |
| | <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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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.

| | | |
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| 1 Total pages Schedule F1: 8 | 2 FILER NAME Travis Griffith | 3 Filer ID (Ethics Commission Filers) |
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|-----------------------------|---------------------------------------|
| 4 Date 11/24/2023 | 5 Payee name SETH LIFE, LLC |
|-----------------------------|---------------------------------------|

| | | | | |
|---|---|--------------------|---------------------|--------------------------|
| 6 Amount (\$) 1299⁰⁰ | 7 Payee address: 12 E TWOHIG SUITE 200A SAN ANGELO TX | City: TX | State: TX | Zip Code 76903 |
|---|---|--------------------|---------------------|--------------------------|

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|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | (b) Description WEB-SITE DESIGN |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|--------------------------|--|
| Date 12/8/2023 | Payee name BY THE STREAM MEDIA |
|--------------------------|--|

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|--|---|-------------------------------|---------------------|--------------------------|
| Amount (\$) 974²⁵ | Payee address: 3017 KNICKERBOCKER RD. | City: SAN ANGELO TX | State: TX | Zip Code 76904 |
|--|---|-------------------------------|---------------------|--------------------------|

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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 |
|--|-------------------------------|---------------|-------------|

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|---------------------------|--------------------------------------|
| Date 12/15/2023 | Payee name ALL ABOUT SIGNS |
|---------------------------|--------------------------------------|

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|--|--|-------------------------------|---------------------|--------------------------|
| Amount (\$) 714⁴⁵ | Payee address: 3534 SHERWOOD WAY | City: SAN ANGELO TX | State: TX | Zip Code 76901 |
|--|--|-------------------------------|---------------------|--------------------------|

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| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description SIGNS |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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: 8 | 2 FILER NAME Travis Griffith | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---------------------------------|---------------------------------------|

| | |
|--------------------|----------------------------------|
| 4 Date 1/2/2024 | 5 Payee name TEXAS STATE BANK |
|--------------------|----------------------------------|

| | |
|-----------------------|---|
| 6 Amount (\$) 6.11 | 7 Payee address; City: State: Zip Code 2201 SHERWOOD WAY SAN ANGELO TX 76901 |
|-----------------------|---|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OFFICE | (b) Description ACCOUNT ANALYSIS FEE |
| | (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 |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|---------------------------|
| Date 1/8/2024 | Payee name VISTA PRINT |
|------------------|---------------------------|

| | |
|-----------------------|--|
| Amount (\$) 399.15 | Payee address; City: State: Zip Code ONLINE ORDER |
|-----------------------|--|

| | | |
|------------------------|---|-----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description DOOR HANGERS |
| | <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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------|---------------------------------------|
| Date 1/11/2024 | Payee name THE FRONT BANK PRODUCTS |
|-------------------|---------------------------------------|

| | |
|-----------------------|---|
| Amount (\$) 980.47 | Payee address; City: State: Zip Code 2013 JUNIUS SAN ANGELO TX 76901 |
|-----------------------|---|

| | | |
|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description HATS, T-SHIRTS |
| | <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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 8 | 2 FILER NAME Travis Griffith | 3 Filer ID (Ethics Commission Filers) |
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| | |
|---------------------------|---------------------------------------|
| 4 Date 03/21/24 | 5 Payee name Seth Life, LLC |
|---------------------------|---------------------------------------|

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|--------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 389.70 | 7 Payee address; 12 E Tuohig Suite 200A San Angelo, TX 76903 | City; | State; | Zip Code |
|--------------------------------|--|-------|--------|----------|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | (b) Description VIDEOS - EDITING |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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|------------------|-----------------------------------|
| Date 03/21/24 | Payee name Conexion San Angelo |
|------------------|-----------------------------------|

| | | | | |
|-----------------------|--|-------|--------|----------|
| Amount (\$) 900.00 | Payee address; 315 W. Ave. D San Angelo, TX 76903 | City; | State; | Zip Code |
|-----------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Radio |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <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 03/05/24 | Payee name Angelo Awards |
|------------------|-----------------------------|

| | | | | |
|-----------------------|---|-------|--------|----------|
| Amount (\$) 162.38 | Payee address; 1605 W. Ave. N San Angelo, TX 76905 | City; | State; | Zip Code |
|-----------------------|---|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office | Description Name Badges |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <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

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: 8 | 2 FILER NAME Travis Griffith | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------|---------------------------------|---------------------------------------|

| | |
|--------------------|--------------------------------|
| 4 Date 03/04/24 | 5 Payee name Shipping Point |
|--------------------|--------------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| 6 Amount (\$) 273.33 | 7 Payee address; 1300 W. Beauregard Ave. San Angelo, TX 76901 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Banner |
| | (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 |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|-------------------------------|
| Date 03/04/24 | Payee name All About Signs |
|------------------|-------------------------------|

| | | | | |
|-------------------------|---|-------|--------|----------|
| Amount (\$) 1,591.28 | Payee address; 317 Farr St. San Angelo, TX 76903 | City; | State; | Zip Code |
|-------------------------|---|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Large Signs |
| | <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 |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|--------------------------------|
| Date 03/01/24 | Payee name Texas State Bank |
|------------------|--------------------------------|

| | | | | |
|---------------------|--|-------|--------|----------|
| Amount (\$) 4.46 | Payee address; 2201 Sherwood Way San Angelo, TX 76901 | City; | State; | Zip Code |
|---------------------|--|-------|--------|----------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office | Description Account Analysis Fee |
| | <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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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---------------------------------------|
| 1 Total pages, Schedule F1: 8 | 2 FILER NAME Travis Griffith | 3 Filer ID (Ethics Commission Filers) |
|---|--|---------------------------------------|

| | |
|---------------------------|------------------------------------|
| 4 Date 02/16/24 | 5 Payee name Josh Nelson |
|---------------------------|------------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) 3,580.72 | 7 Payee address; City; State; Zip Code 3524 KNICKERBOCKER Rd. SAN ANGELO TX 76904 |
|----------------------------------|---|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Signs/Printing |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|--------------------------------------|
| Date 02/07/24 | Payee name All About Signs |
|-------------------------|--------------------------------------|

| | |
|------------------------------|--|
| Amount (\$) 893.00 | Payee address; City; State; Zip Code 317 Farr St. San Angelo, TX 76903 |
|------------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Large Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <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 02/02/24 | Payee name Texas State Bank |
|-------------------------|---------------------------------------|

| | |
|----------------------------|---|
| Amount (\$) 0.00 | Payee address; City; State; Zip Code 2201 Sherwood Way San Angelo, TX 76901 |
|----------------------------|---|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office | Description Account Analysis Fee |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <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 |
|--|-------------------------------|---------------|-------------|

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---------------------------------------|
| 1 Total pages Schedule F1: 8 | 2 FILER NAME Travis Griffith | 3 Filer ID (Ethics Commission Filers) |
|--|--|---------------------------------------|

| | |
|---------------------------|--|
| 4 Date 01/25/24 | 5 Payee name Foster Communications |
|---------------------------|--|

| | |
|--------------------------------|---|
| 6 Amount (\$) 350.00 | 7 Payee address; City: State: Zip Code 2824 Sherwood Way San Angelo, TX 76901 |
|--------------------------------|---|

| | | |
|------------------------------------|---|---------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Radio |
| | (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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|------------------------------------|
| Date 01/22/24 | Payee name Teacher Store |
|-------------------------|------------------------------------|

| | |
|------------------------------|---|
| Amount (\$) 366.89 | Payee address; City: State: Zip Code 310 N. Chadbourne St. San Angelo, TX 76903 |
|------------------------------|---|

| | | |
|------------------------|---|--------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | Description T-SHIRTS |
| | <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 |
|---|-------------------------------|---------------|-------------|

| | |
|-------------------------|--|
| Date 01/22/24 | Payee name The Front Bank Products |
|-------------------------|--|

| | |
|-----------------------------|---|
| Amount (\$) 97.43 | Payee address; City: State: Zip Code 2013 Junius St. San Angelo, TX 76901 |
|-----------------------------|---|

| | | |
|------------------------|---|------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Hats, Shirts |
| | <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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: <u>8</u> | 2 FILER NAME <u>Travis Griffith</u> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|-------------------------------------|---------------------------------------|

| | |
|-------------------------|-------------------------------------|
| 4 Date <u>1/12/2024</u> | 5 Payee name <u>All ABOUT SIGNS</u> |
|-------------------------|-------------------------------------|

| | | | | |
|--|--|----------------------------|------------------|-----------------------|
| 6 Amount (\$) <u>2132⁵³</u> | 7 Payee address; <u>3534 Skierwood Way</u> | City: <u>San Angelo TX</u> | State: <u>TX</u> | Zip Code <u>76901</u> |
|--|--|----------------------------|------------------|-----------------------|

| | | |
|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u> | (b) Description <u>HATS, T-SHIRTS</u> |
| | (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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-----------------------|---------------------------------------|
| Date <u>1/18/2024</u> | Payee name <u>BY THE STREAM MEDIA</u> |
|-----------------------|---------------------------------------|

| | | | | |
|-------------------------------------|---|----------------------------|------------------|-----------------------|
| Amount (\$) <u>487¹³</u> | Payee address; <u>3017 Knickerbocker Rd</u> | City: <u>San Angelo TX</u> | State: <u>TX</u> | Zip Code <u>76904</u> |
|-------------------------------------|---|----------------------------|------------------|-----------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>ADVERTISING</u> | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <u>3-25-2024</u> | Payee name <u>Venmo / Stripes</u> |
|-----------------------|-----------------------------------|

| | | | | |
|--------------------------|----------------|-------|--------|----------|
| Amount (\$) <u>80.81</u> | Payee address; | City; | State; | Zip Code |
|--------------------------|----------------|-------|--------|----------|

| | | |
|------------------------|---|---------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <u>Processing Fees</u> |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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: <div style="font-size: 24pt; font-weight: bold; text-align: center;">38</div> | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24pt; font-weight: bold;">TRAVIS</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">GRIFFITH</div> | OFFICE USE ONLY Date Received <div style="font-size: 24pt; font-weight: bold;">04-11-2024 @ 5:40 p.m.</div> | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24pt; font-weight: bold;">3622 OAK CREEK DR. SAN ANGELO, TX 76904</div> | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24pt; font-weight: bold;">(325) 315-6462</div> | Date Hand-delivered or Date Postmarked | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24pt; font-weight: bold;">ROBERT</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24pt; font-weight: bold;">WATKINS</div> | Receipt # | Amount \$ | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24pt; font-weight: bold;">909 W BEAUREGARD AVE., SAN ANGELO, TX 76901</div> | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24pt; font-weight: bold;">(325) 716.7144</div> | Date Processed | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |
| <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <div style="font-size: 24pt; font-weight: bold;">10 / 25 / 23 THROUGH 3 / 25 / 2024</div> | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="font-size: 24pt; font-weight: bold;">5 / 4 / 2024</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <div style="font-size: 24pt; font-weight: bold;">CHIEF OF POLICE</div> | | | | | | | | | |
| 14 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. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Travis Griffith 16 Filer ID (Ethics Commission Filers)

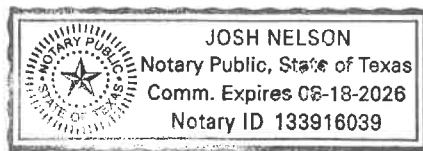
| | | |
|-------------------------|---|--------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 170.47 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 43,969.41 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 17,699.04 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 14,335.57 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by JOSH NELSON this the 10 day of APRIL, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath [Signature] Printed name of officer administering oath JOSH NELSON Title of officer administering oath NOTARY

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 <i>Travis Griffith</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>32,044.00</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>11,925.41</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ <i>0</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>17,699.04</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>0</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>0</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>0</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i> |

Appendix A (Corrected)

MONETARY POLITICAL CONTRIBUTIONS

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:

23

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

01/14/24

5 Full name of contributor

out-of-state PAC (ID#: _____)

Loose Arrow, LLC. / Martin Lucero

6 Contributor address;

City;

State;

Zip Code

903 Todd Ln. San Angelo, TX 76903

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Self-Employed

9 Employer (See Instructions)

Business Owner

Date

01/16/2024

Full name of contributor

out-of-state PAC (ID#: _____)

KD Pool

Contributor address;

City;

State;

Zip Code

3613 Threecawn San Angelo, TX 76904

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Teri Jackson Realtors

Date

★

01/14/24

Full name of contributor

out-of-state PAC (ID#: _____)

Travis Griffith

Contributor address;

City;

State;

Zip Code

3622 Oak Creek Dr. San Angelo, TX 76904

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Police Officer / Govt. EA

Employer (See Instructions)

City of San Angelo

Date

01/14/24

Full name of contributor

out-of-state PAC (ID#: _____)

Robert + Lauren Watkins

Contributor address;

City;

State;

Zip Code

P.O Box 3344 San Angelo, TX 76902

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Business owner

Employer (See Instructions)

Self-Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

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: 23 |
| 2 FILER NAME Travis Griffith | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/16/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loose Arrow, LLC / Martin Lucero | 7 Amount of contribution (\$) 200.00 |
| 6 Contributor address; City; State; Zip Code 903 Todd Ln. San Angelo, TX 76903 | | |
| 8 Principal occupation / Job title (See Instructions) Self-Employed | | 9 Employer (See Instructions) Business Owner |
| Date 01/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K.D. Pool | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code 3613 Threecawn San Angelo, TX 76904 | | |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Teri Jackson Realtors |
| Date 01/16/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Angelo Federal Credit Union | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code 235 W. 1st St. San Angelo, TX 76903 | | |
| Principal occupation / Job title (See Instructions) N/A | | Employer (See Instructions) |
| Date 01/16/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert + Lauren Watkins | Amount of contribution (\$) 2,500.00 |
| Contributor address; City; State; Zip Code P.O Box 3344 San Angelo, TX 76902 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Self-Employed |
| <p>check from Travis Griffith's savings Account / mislabeled due to it appearing to have been issued by the bank.</p> | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | |