

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: <u>20</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR _____ FIRST <u>TRAVIS</u> MI _____ NICKNAME _____ LAST <u>GRIFFITH</u> SUFFIX _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>3622 OAK CREEK DR.</u> APT / SUITE #: _____ CITY: <u>SAN ANGELO, TX</u> STATE: _____ ZIP CODE: <u>76904</u>	Date Received <u>04 / 26 / 2024 @ 4:23 pm</u> (emailed)	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(325)</u> PHONE NUMBER: <u>315-6462</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST <u>ROBERT</u> MI _____ NICKNAME _____ LAST <u>WATKINS</u> SUFFIX _____	Receipt # _____	Amount \$ _____
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>909 W. BEAUREGARD AVE,</u> APT / SUITE #: _____ CITY: <u>SAN ANGELO</u> STATE: <u>TX</u> ZIP CODE: <u>76901</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(325)</u> PHONE NUMBER: <u>716-7144</u> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>3 / 26 / 2024</u> THROUGH <u>4 / 24 / 2024</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>5 / 4 / 2024</u>	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) <u>CHIEF OF POLICE</u>	
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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,710
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,158³⁸
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,988¹⁹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

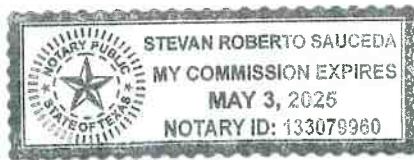
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stevan Saucedo this the 26 day of April

2024, to certify which, witness my hand and seal of office.

Stevan Saucedo Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12,810
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,900
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23,158 ³⁸
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: 10
2 FILER NAME Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	7 Amount of contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams & Linda Martin	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2050 Harvard Ave San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susie Willyard	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 50 Southridge Dr. San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) N/A		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: 10
2 FILER NAME Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David + Loreta Currie	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 494 Ridge Lane Christoval, TX 76935		
8 Principal occupation / Job title (See Instructions) SELF - Employed		9 Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Derusso	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 4254 Homestead Cr. San Angelo, TX 76905		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay + Dana Dickens	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 5517 Columbine Ln. San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) SELF - Employed		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vivian Rodriguez	7 Amount of contribution (\$) \$ 30.00
04/15/24	6 Contributor address; City; State; Zip Code 302 N. Van Buren St. San Angelo, TX 76901	
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Denusso	Amount of contribution (\$) \$40.00
04/15/2024	Contributor address; City; State; Zip Code 4254 Homestead Ct. San Angelo, TX 76905	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda or William Martin	Amount of contribution (\$) \$ 50.00
04/15/2024	Contributor address; City; State; Zip Code 2650 Harvard Ln. San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudra Butler	Amount of contribution (\$) \$100.00
04/15/2024	Contributor address; City; State; Zip Code 1701 Cordell Dr. San Angelo, TX 76901	
Principal occupation / Job title (See Instructions) School Employee		Employer (See Instructions) SAISD

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: 10
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	7 Amount of contribution (\$) \$50.00
04/15/2024	6 Contributor address; City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	Amount of contribution (\$) \$50.00
04/15/2024	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	Amount of contribution (\$) \$40.00
04/15/2024	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Platt - Fox	Amount of contribution (\$) \$500.00
04/15/2024	Contributor address; City; State; Zip Code 5845 Melrose Ave. San Angelo, TX 76901	
Principal occupation / Job title (See Instructions) Self-Employed		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: 10
2 FILER NAME Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauty about Aesthetics, LLC. - Kristy Scott	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 1606 Stonelake Dr. San Angelo, TX 76904		
8 Principal occupation / Job title (See Instructions) Self - Employed		9 Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim & Carla Woney	Amount of contribution (\$) \$1,000.00
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
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert + Lauren Watkins	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code P.O. Box 3344 San Angelo, TX 76902		
Principal occupation / Job title (See Instructions) Self - Employed		Employer (See Instructions)
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay + Dana Dickens	Amount of contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code 5517 Columbine Ln. San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Self - Employed		Employer (See Instructions)

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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: **10**

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

04/24/2024

6 Contributor address; City; State; Zip Code

\$100.00

16234 Stage Coach Tr. San Angelo, TX 76901

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

N/A

Date

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

Amount of contribution (\$)

04/24/2024

Contributor address; City; State; Zip Code

\$200.00

1521 Shafter St. San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Date

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

Amount of contribution (\$)

04/05/2024

Contributor address; City; State; Zip Code

\$250.00

3926 Inglewood Dr. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Office Receptionist

Torque

Date

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

Amount of contribution (\$)

04/24/2024

Contributor address; City; State; Zip Code

\$200.00

15202 Sutton Rd. San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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: 10
2 FILER NAME TRANS GRIFFITH		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don and Kathy Hughes	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 15202 SUTTON RD. SAN ANGELO, TX, 76901		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jerry Green	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 1317 E. HARRIS SAN ANGELO, TX 76903		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Mitchell	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 207 RIO VISTA CR. SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) CITY OF SAN ANGELO
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam + Kristy Scott	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 16016 STONELAKE DR. SAN ANGELO, TX 76904		
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) CITY OF SAN ANGELO

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: 10
2 FILER NAME Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Clark Pfluger	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 704 S. Park St. San Angelo, TX 76901		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions)
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy Lubke	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3926 Inglewood Dr. San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Office Receptionist		Employer (See Instructions) Torque
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Armor	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 136 E. 42nd St. San Angelo, TX 76903		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priscilla Massey	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3221 Maplewood Dr. San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Retired		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: 10
2 FILER NAME Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOUIS COFFINAS	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2511 W. Harris Ave. San Angelo, TX 76901		
8 Principal occupation / Job title (See Instructions) Police Officer		9 Employer (See Instructions) City of San Angelo
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JERRY GREEN	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 1317 E. Harris San Angelo, TX 76903		
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORIE BALDERAS	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 3128 Scenic Vista Dr. San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self - Employed
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREA HONEA	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1021 W. Concho San Angelo, TX 76901		
Principal occupation / Job title (See Instructions) N/A		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: 10
2 FILER NAME Travis Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly 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) Grader		9 Employer (See Instructions) HEB
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME <u>TRAVIS GRIFFITH</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/5 - 4/22/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TRAVIS GRIFFITH</u>	8 Amount of Contribution \$ <u>450⁰⁰</u>	9 In-kind contribution description <u>SOCIAL MEDIA ADVERTISING</u>
7 Contributor address; City; State; Zip Code <u>3622 OAK CREEK DR, SAN ANGELO, TX 76904</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>POLICE OFFICER</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>SAPD</u>	
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 <u>4/24/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JEFF CHANDLER</u>	Amount of Contribution \$ <u>4,850⁰⁰</u>	In-kind contribution description <u>ADV. PRODUCTION OF COMMERCIALS</u>
Contributor address; City; State; Zip Code <u>210 W BEAUREGARD AVE, SAN ANGELO, TX 76903</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>ATTORNEY</u>		Employer (FOR NON-JUDICIAL) (See Instructions) <u>SELF EMPLOYED</u>	
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: <u>2</u>	
2 FILER NAME <u>TRAVIS GRIFFITH</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>3/28/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JOHN BRYAN VINCENT</u>	8 Amount of Contribution \$ <u>1000⁰⁰</u>	9 In-kind contribution description <u>VENUE FOR FUND RAISER</u>
7 Contributor address; City; State; Zip Code <u>1906 COLONIAL DR, SAN ANGELO TX 76904</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
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 <u>3/28/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TODD DORNHECKER</u>	Amount of Contribution \$ <u>+ 850⁰⁰</u>	In-kind contribution description <u>FOOD</u>
Contributor address; City; State; Zip Code <u>4753 ROYAL TROON DR, SAN ANGELO TX 76904</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>VP BUSINESS DEVELOPMENT</u>		Employer (FOR NON-JUDICIAL)(See Instructions) <u>PRINCIPAL LED</u>	
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 <i>TRAVIS GRIFFITH</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/12/24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEFF CHANDLER</i>	8 Amount of Contribution \$ <i>750.00</i>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <i>210 W BEAUREGARD AVE., SAN ANGELO, TX 76903</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>ATTORNEY</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>SELF - EMPLOYED</i>	
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#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<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)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>4</u>	2 FILER NAME <u>Travis Griffith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04/05/2024</u>	5 Payee name <u>All About Signs</u>	
6 Amount (\$) <u>920.13</u>	7 Payee address; <u>317 Farr St. San Angelo, TX 76903</u>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Signage</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>04/08/2024</u>	Payee name <u>A4 Media</u>	
Amount (\$) <u>800.00</u>	Payee address; <u>4272 W. Houston Inter Expy. San Angelo, TX 76901</u>	
	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Digital</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

Date <u>04/09/2024</u>	Payee name <u>Saver Media</u>	
Amount (\$) <u>812.00</u>	Payee address; <u>601 Culwell San Angelo, TX 76903</u>	
	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Radio</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

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>4</u>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <u>04/16/2024</u>	5 Payee name <u>Sovereign Media</u>	
6 Amount (\$) <u>\$5,000.00</u>	7 Payee address; City; State; Zip Code <u>12 E. Tuohig Ave. Ste. 200 San Angelo, TX 76903</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Digital</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>04/17/2024</u>	Payee name <u>Sovereign Media</u>	
Amount (\$) <u>\$5000.00</u>	Payee address; City; State; Zip Code <u>12 E. Tuohig Ste. 200 San Angelo, TX 76903</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Digital</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

Date <u>04/19/2024</u>	Payee name <u>Adobe Sign</u>	
Amount (\$) <u>238.15</u>	Payee address; City; State; Zip Code <u>2013 Junius San Angelo, TX 76901</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>T-Shirts</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

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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.

1 Total pages Schedule F1: <u>4</u>	2 FILER NAME <u>Travis Griffith</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>04/23/2024</u>	5 Payee name <u>KLST / KSAN</u>	
6 Amount (\$) <u>6,500.00</u>	7 Payee address; City; State; Zip Code <u>2800 Armstrong San Angelo, TX 76903</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>TV</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>04/23/2024</u>	Payee name <u>A4 Media</u>	
Amount (\$) <u>\$3,000.00</u>	Payee address; City; State; Zip Code <u>4272 W. Houston Haute Expy. San Angelo, TX 76901</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Digital</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

Date <u>04/24/2024</u>	Payee name <u>A4 Media</u>	
Amount (\$) <u>800.00</u>	Payee address; City; State; Zip Code <u>4272 W. Houston Haute Expy. San Angelo, TX 76901</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Digital</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

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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: 4	2 FILER NAME Travis Griffith	3 Filer ID (Ethics Commission Filers)
4 Date 04/01-04/24/2024	5 Payee name VENMO/STRIPE	
6 Amount (\$) 88.10	7 Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Processing Fees
	(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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <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