

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>Mr.</u>	FIRST <u>Travis</u>	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <u>Griffith</u>	SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					
	<u>3622 Oak Creek Dr. San Angelo, TX 76904</u>					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <u>(325)</u>	PHONE NUMBER <u>315-6462</u>	EXTENSION	Date Received  <u>06/07/2024 @ 10:05 PM</u>		
	<b>6 CAMPAIGN TREASURER NAME</b>			Date Hand-delivered or Date Postmarked <u>via email</u>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	MS / MRS / MR	FIRST	MI	Receipt #		
	NICKNAME	LAST <u>Watkins</u>	SUFFIX	Amount \$		
<b>8 CAMPAIGN TREASURER PHONE</b>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Date Processed		
	<u>909 W. Beauregard Ave. San Angelo, TX 76901</u>			Date Imaged		
<b>9 REPORT TYPE</b>	AREA CODE <u>(325)</u>	PHONE NUMBER <u>716-7144</u>	EXTENSION			
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)					
<b>10 PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year
	<u>04</u>	<u>25</u>	<u>2024</u>	THROUGH	<u>06</u>	<u>05</u>
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
<b>12 OFFICE</b>		OFFICE HELD (if any)		<b>13 OFFICE SOUGHT</b> (if known) <u>Chief of Police</u>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,398.54
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,555.55
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,245.44
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,427.64
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

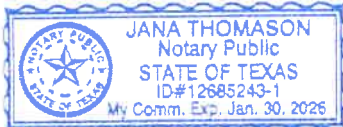
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Travis Griffith this the 7 day of June,

2024 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

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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,157.01
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,245.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30,245.44
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: 17

2 FILER NAME

TRAVIS GRIFFITH

3 Filer ID (Ethics Commission Filers)

4 Date

5/24/24

5 Full name of contributor

RACHEL CHAMPION

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$ 1952

6 Contributor address;

City;

State;

Zip Code

709 COURTNEY DR. ABERDEEN MD 21001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/24/24

Full name of contributor

DARLENE BARATAS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 2443

Contributor address;

City;

State;

Zip Code

5329 CORAL WAY SAN ANGELO TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/24

Full name of contributor

JOY KENT

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 5876

Contributor address;

City;

State;

Zip Code

4001 SUL ROSS APT. 452 SAN ANGELO TX 76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/24/24

Full name of contributor

STEPHANIE GESCH

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$ 7348

Contributor address;

City;

State;

Zip Code

11617 FM 388 SAN ANGELO TX 76905

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: <b>17</b>
2 FILER NAME <b>TRANS GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/24/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BEN MILLER</b>	7 Amount of contribution (\$) <b>+ 490.40</b>
6 Contributor address; City; State; Zip Code <b>30 S CHADBOURNE SAN ANGELO TX 76903</b>		
8 Principal occupation / Job title (See Instructions) <b>PROJECT MANAGER</b>		9 Employer (See Instructions)
Date <b>5/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHANIE WILLIAMS</b>	Amount of contribution (\$) <b>+ 147.05</b>
Contributor address; City; State; Zip Code <b>1834 CASTLE PINES DR, SAN ANGELO, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>NURSE</b>		Employer (See Instructions)
Date <b>5/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RACHEL MILES</b>	Amount of contribution (\$) <b>+ 19.52</b>
Contributor address; City; State; Zip Code <b>1118 HUNTERS GLEN RD. SAN ANGELO, TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)
Date <b>5/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHEENA DYKSTRA</b>	Amount of contribution (\$) <b>+ 48.95</b>
Contributor address; City; State; Zip Code <b>9230 PONDEROSA LN. SAN ANGELO, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>MINISTRY</b>		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: <b>17</b>
2 FILER NAME <b>TRAVIS GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/24/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RACHEL PHOUMADAENG</b>	7 Amount of contribution (\$) <b>\$44.05</b>
6 Contributor address; City; State; Zip Code <b>2821 MCGILL BLVD SAN ANGELO TX 76905</b>		
8 Principal occupation / Job title (See Instructions) <b>TEACHER</b>		9 Employer (See Instructions)
Date <b>5/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KATRINA SMITH</b>	Amount of contribution (\$) <b>+14.62</b>
Contributor address; City; State; Zip Code <b>5115 GREEN VALLEY TR. SAN ANGELO TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>THERAPY TECH</b>		Employer (See Instructions)
Date <b>5/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TODD DORNHECKER</b>	Amount of contribution (\$) <b>\$490.40</b>
Contributor address; City; State; Zip Code <b>4753 ROYAL TROON SAN ANGELO TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>VP</b>		Employer (See Instructions)
Date <b>5/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ASHLEY ALWINE</b>	Amount of contribution (\$) <b>\$98.00</b>
Contributor address; City; State; Zip Code <b>3326 SOUTHLAND SAN ANGELO TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>BEHAVIORAL ANALYST</b>		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: <b>17</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>5/24/24</b> <b>SETH CHOMOUT</b>	7 Amount of contribution (\$) <b>\$ 4895</b>
	6 Contributor address; City; State; Zip Code <b>1205 AVONDALE SAN ANGELO TX 76901</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>5/20/24</b> <b>ALEXANDRA PORTER</b>	Amount of contribution (\$) <b>\$ 4895</b>
	Contributor address; City; State; Zip Code <b>1529 S MADISON SAN ANGELO TX 76901</b>	
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)

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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: <span style="font-size: 2em;">17</span>
2 FILER NAME <span style="font-size: 1.2em;">TRANS Griffith</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">05/06/24</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Jana Thomason</span>	7 Amount of contribution (\$)  <span style="font-size: 1.5em;">\$19.12</span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2264 Gun Club Rd. San Angelo, TX 76904</span>		
8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">REALTOR</span>		9 Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/06/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Steven McCloy</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$ 339.55</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">P.O BOX 6382 San Antonio, TX 78209</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Retired</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/07/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Mike Champion</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$ 485.20</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1730 Becker Ln. San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Pilot</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/08/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Jana Thomason</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$970.70</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2264 Gun Club Rd. San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">REALTOR</span>		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: <span style="font-size: 1.5em;">17</span>
2 FILER NAME <span style="font-size: 1.2em;">Travis Griffith</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">05/09/24</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Brett Nikolauk</span>	7 Amount of contribution (\$) <span style="font-size: 1.2em;">\$485.20</span>
	6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">124 Decoty Dr. San Angelo, TX 76905</span>	
8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">VP of BANK</span>		9 Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/10/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Mitch Brininstool</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$970.70</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3129 Clearview San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Pilot</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/17/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Francis Jelenasperger</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$96.80</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2645 Vista Del Arroyo Dr. San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">N/A</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/24/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Kathrine Cantu</span>	Amount of contribution (\$) <span style="font-size: 1.2em;">\$193.90</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">6014 Stratford Ave. San Angelo, TX 76901</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Nurse</span>		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: <span style="font-size: 2em;">17</span>
2 FILER NAME <span style="font-size: 1.2em;">Travis Griffith</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">05/24/24</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Max Puello</span>	7 Amount of contribution (\$)  <span style="font-size: 1.5em;">\$193.90</span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2105 Valley View Dr. San Angelo, TX 76904</span>		
8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Realtor</span>		9 Employer (See Instructions)
Date <span style="font-size: 1.2em;">04/24/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Joel Terrill</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$100.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">16234 Stage Coach Tr. San Angelo, TX 76901</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">N/A</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">04/24/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Gabe Hughes</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$200.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1521 Shafter St. San Angelo, TX 76901</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Attorney</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/03/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Charles Floyd</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$100.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2730 Alta Vista Ln. San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Retired</span>		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: 17

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

04/27/24

5 Full name of contributor

John Vincent

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$2,000.00

6 Contributor address;

City;

State;

Zip Code

5234 Fairway Dr. San Angelo, TX

8 Principal occupation / Job title (See Instructions)

Self-Employed

9 Employer (See Instructions)

Date

04/27/24

Full name of contributor

Jana Klein

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$200.00

Contributor address;

City;

State;

Zip Code

1734 Kansas Ave, San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Hospital Employee

Employer (See Instructions)

Date

05/06/24

Full name of contributor

George Harrison

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2033 Beaty Rd. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

05/06/24

Full name of contributor

Dean Feathers

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

212 Edinburgh San Angelo, TX 76901

Principal occupation / Job title (See Instructions)

Baker

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: <b>17</b>
2 FILER NAME <b>Travis Griffith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/29/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Behrend</b>	7 Amount of contribution (\$) <b>\$28.83</b>
6 Contributor address; City; State; Zip Code <b>P.O. Box 5923 San Angelo, TX 76903</b>		
8 Principal occupation / Job title (See Instructions) <b>City Employee</b>		9 Employer (See Instructions)
Date <b>05/02/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patricia Gillett</b>	Amount of contribution (\$) <b>\$96.80</b>
Contributor address; City; State; Zip Code <b>3641 Cedar Creek Dr. San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/05/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mitchell Bnninstool</b>	Amount of contribution (\$) <b>\$485.20</b>
Contributor address; City; State; Zip Code <b>3129 Clearview San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Pilot</b>		Employer (See Instructions)
Date <b>05/05/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Frankie Covey</b>	Amount of contribution (\$) <b>\$96.80</b>
Contributor address; City; State; Zip Code <b>3107 Woodland Cr San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>17</b>
2 FILER NAME <b>Travis Griffith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/06/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Avon Bailey Minor</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>31 Loch Lomand Rd. San Angelo, TX 76901</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>05/13/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Cimeno</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code <b>114 Dalewood San Angelo, TX 76903</b>		
Principal occupation / Job title (See Instructions) <b>Police Officer</b>		Employer (See Instructions)
Date <b>05/13/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michelle Denusso</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>4254 Homestead Cr. San Angelo, TX 76905</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>05/13/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kellye Garrett</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>2210 Sul Roc St. San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		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: <span style="font-size: 2em;">17</span>
2 FILER NAME <span style="font-size: 1.5em;">Travis Griffith</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.5em;">05/13/24</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Jay Garrett</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">\$100.00</span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">2210 SW Ross St. San Angelo, TX 76904</span>		
8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.5em;">Self-Employed</span>		9 Employer (See Instructions)
Date <span style="font-size: 1.5em;">05/13/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Lee Pfluger</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$1,000.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">P.O Box 1991 San Angelo, TX 76902</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.5em;">Self-Employed</span>		Employer (See Instructions)
Date <span style="font-size: 1.5em;">05/15/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Steven + Cynthia McCoy</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$300.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">416 N. FM 1692 Miles, TX 76861</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.5em;">N/A</span>		Employer (See Instructions)
Date <span style="font-size: 1.5em;">05/16/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em;">Nancy + Marty Daniel</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$500.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.5em;">6049 Winners Cir. San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.5em;">N/A</span>		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: 17

2 FILER NAME

Travis Griffith

3 Filer ID (Ethics Commission Filers)

4 Date

05/16/24

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

Kent + Nerie Lacy

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

2817 Briargrove San Angelo, TX 76904

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

05/17/24

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

Brian/Kimberly Thompson

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2602 Rice Ave. San Angelo, TX 76904

Principal occupation / Job title (See Instructions)

Self-Employed

Employer (See Instructions)

Date

05/17/24

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

Gayle Ward

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

3505 Wedgwood Midland, TX 79707

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

05/21/24

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

Ricky/Trisha Jordan

Amount of contribution (\$)

\$650.00

Contributor address; City; State; Zip Code

27 Southridge 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

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: <b>17</b>
2 FILER NAME <b>Travis Griffith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/28/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. C. Lane</b>	7 Amount of contribution (\$) <b>\$2,000.00</b>
6 Contributor address; City; State; Zip Code <b>1503 Grierson St San Angelo, TX 76901</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions)
Date <b>05/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tim Worley</b>	Amount of contribution (\$) <b>\$700.00</b>
Contributor address; City; State; Zip Code <b>211 N. Milton San Angelo, TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>Pilot</b>		Employer (See Instructions)
Date <b>05/29/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Robert/Lauren Watkins</b>	Amount of contribution (\$) <b>\$1,750.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 3344 San Angelo, TX 76902</b>		
Principal occupation / Job title (See Instructions) <b>Self - Employed</b>		Employer (See Instructions)
Date <b>05/29/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jay + Dana Dickens</b>	Amount of contribution (\$) <b>\$3,750.00</b>
Contributor address; City; State; Zip Code <b>5517 Columbine San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Self - Employed</b>		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: <b>17</b>
2 FILER NAME <b>Travis Griffith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/30/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rebecca Long</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>517 S. Jefferson San Angelo, TX 76901</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions)
Date <b>05/23/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Glenda Bacon</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>7706 FM 2288 San Angelo, TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)
Date <b>05/30/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Charles Good</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>3501 Westover Terrace San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>05/30/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Karen Hesse Smith</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>400 S. Madison St. San Angelo, TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)

**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: <b>17</b>
2 FILER NAME <b>Travis Griffith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/30/24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CONOLY BROOKS</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>106 W. Twining San Angelo, TX 76903</b>		
8 Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		9 Employer (See Instructions)
Date <b>05/30/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>W.H. Wardlaw</b>	Amount of contribution (\$) <b>\$3,500.00</b>
Contributor address; City; State; Zip Code <b>1201 S. Park St. San Angelo, TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		Employer (See Instructions)
Date <b>05/31/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Joseph Golovach</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>2134 Field St. San Angelo, TX 76901</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>05/24/24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Catherine Walker</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>746 Sac Ave. San Angelo, TX 76904</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions)

**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: <span style="font-size: 1.5em;">17</span>
2 FILER NAME <span style="font-size: 1.2em;">Travis Griffith</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">05/31/24</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Lupe Gomez</span>	7 Amount of contribution (\$)  <span style="font-size: 1.5em;">\$100.00</span>
6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3825 Tridens Tr. San Angelo, TX 76904</span>		
8 Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Realtor</span>		9 Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/31/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Sam Gomez</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$100.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">3825 Tridens Tr. San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Self-Employed</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/31/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">John Austin Stokes</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$597.23</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2801 Live Oak St. San Angelo, TX 76901</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Govt. Employee</span>		Employer (See Instructions)
Date <span style="font-size: 1.2em;">05/24/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Kent Lacy</span>	Amount of contribution (\$)  <span style="font-size: 1.5em;">\$100.00</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2817 Briargrove Ln. San Angelo, TX 76904</span>		
Principal occupation / Job title (See Instructions) <span style="font-size: 1.2em;">Retired</span>		Employer (See Instructions)

**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: <u>17</u>
2 FILER NAME <u>Travis Griffith</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>05/24/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nelda Nowlin</u>	7 Amount of contribution (\$) <u>\$100.00</u>
	6 Contributor address; City; State; Zip Code <u>3017 Palo Duro Dr. San Angelo, TX 76904</u>	
8 Principal occupation / Job title (See Instructions) <u>N/A</u>		9 Employer (See Instructions)
Date <u>05/24/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary Casper</u>	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; City; State; Zip Code <u>3205 Country Club Rd. San Angelo, TX 76904</u>	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>05/24/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Leslie Healy</u>	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; City; State; Zip Code <u>P.O. Box 60711 San Angelo, TX 76906</u>	
Principal occupation / Job title (See Instructions) <u>Self-Employed</u>		Employer (See Instructions)
Date <u>06/24/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ruth Sutton</u>	Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; City; State; Zip Code <u>P.O. Box 1744 San Angelo, TX 76902</u>	
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: <span style="font-size: 1.5em;">2</span>
2 FILER NAME <span style="font-size: 1.2em;">Travis Griffith</span>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <span style="font-size: 1.2em;">06/05/24</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Brooks Willig</span>	8 Amount of Contribution \$ <span style="font-size: 1.2em;">\$1,395</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4092 Town View Ln. San Angelo, TX 76901</span>		9 In-kind contribution description <span style="font-size: 1.2em;">Audio + staging, Labor</span>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em;">Business Owner</span>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em;">Self-Employed</span>
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 <span style="font-size: 1.2em;">05/10/24</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Mark Hudman</span>	Amount of Contribution \$ <span style="font-size: 1.2em;">\$600</span>	In-kind contribution description <span style="font-size: 1.2em;">T-shirts</span>
Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">2013 Junius San Angelo, TX 76901</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em;">Business Owner</span>		Employer (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em;">Self-Employed</span>	
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: <span style="font-size: 1.5em;">2</span>	
2 FILER NAME <span style="font-size: 1.2em; color: blue;">Travis Griffith</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <span style="font-size: 1.2em; color: blue;">05/24/24</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em; color: blue;">Jason Wall</span>	8 Amount of Contribution \$ <span style="font-size: 1.2em; color: blue;">250</span>	9 In-kind contribution description <span style="font-size: 1.2em; color: blue;">Use of parking lot</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.2em; color: blue;">5138 Knickerbocker Rd. San Angelo, TX 76904</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em; color: blue;">Dentist</span>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <span style="font-size: 1.2em; color: blue;">Self - Employed</span>	
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)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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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 04/29/24	5 Payee name UPS Store
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6 Amount (\$) 491.55	7 Payee address; 3524 Knickerbocker Rd. Ste. C, San Angelo, TX 76904	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Paper Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/30/24	Payee name Facebook
------------------	------------------------

Amount (\$) 200.00	Payee address; 1 Hacker Way, Menlo Park, CA 94025	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Ads
	<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 05/01/24	Payee name Facebook
------------------	------------------------

Amount (\$) 215.03	Payee address; 1 Hacker Way, Menlo Park, CA 94025	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Ads
	<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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Travis Griffith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/01/24	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Social Media Ads
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 05/01/24	Payee name Facebook	
Amount (\$) 200.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Ads
	<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 05/01/24	Payee name Facebook	
Amount (\$) 250.00	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Ads
	<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: <b>8</b>	2 FILER NAME <b>Travis Griffith</b>	3 Filer ID (Ethics Commission Filers)
-------------------------------------	--	---------------------------------------

4 Date <b>05/01/24</b>	5 Payee name <b>Sovereign Media</b>
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6 Amount (\$) <b>\$1,000.00</b>	7 Payee address: <b>12 E Tindig Ste. 200 San Angelo, TX 76903</b>	City:	State:	Zip Code:
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Media</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/06/24</b>	Payee name <b>The Teacher Store</b>
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Amount (\$) <b>24.89</b>	Payee address: <b>310 N. Chadbourne St. San Angelo, TX 76903</b>	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Marketing</b>	Description <b>T shirts</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/06/24</b>	Payee name <b>Facebook</b>
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Amount (\$) <b>250.00</b>	Payee address: <b>1 Hacker Way, Menlo Park, CA 94025</b>	City:	State:	Zip Code:
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Social Media Ads</b>
	<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.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>Travis Griffith</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>05/06/24</b>	5 Payee name <b>The Teacher store</b>
------------------------	---------------------------------------

6 Amount (\$) <b>387.32</b>	7 Payee address; <b>310 N. Chadbourne St. San Angelo, TX 76903</b> City: State: Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Marketing</b>	(b) Description <b>T-shirts</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/07/24</b>	Payee name <b>All About Signs</b>
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Amount (\$) <b>1,177.76</b>	Payee address; <b>317 Farr St. San Angelo, TX 76903</b> City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signage</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>05/14/24</b>	Payee name <b>Sovereign Media</b>
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Amount (\$) <b>4,000.00</b>	Payee address; <b>12 E Twonig Ste. 200 San Angelo, TX 76903</b> City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Media</b>
	<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                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

Credit Card Payment

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Trans Griffith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/14/24	<b>5</b> Payee name By the Stream Media	
<b>6</b> Amount (\$) 100.00	<b>7</b> Payee address; City; State; Zip Code 3930 Sunset Dr. Ste. C San Angelo, TX 76904	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Video
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 05/14/24	Payee name By The Stream Media
Amount (\$) 1,500.00	Payee address; City; State; Zip Code 3930 Sunset Dr. Ste. C, San Angelo, TX 76904
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising
	Description Video
<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 05/22/24	Payee name Business Envelopes.com
Amount (\$) 617.03	Payee address; City; State; Zip Code Online Service
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising
	Description Direct Mail
<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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/24/24	<b>5</b> Payee name Sam's Club	
<b>6</b> Amount (\$) 546.31	<b>7</b> Payee address; City; State; Zip Code 5749 Sherwood Way San Angelo, TX 76901	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fundraising Expense	<b>(b)</b> Description BBQ
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 05/29/24	Payee name USPS	
Amount (\$) 1,360.00	Payee address; City; State; Zip Code 1 N. Abe St. San Angelo, TX 76901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Stamps
	<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 05/31/24	Payee name Sovereign Media	
Amount (\$) 4,800.00	Payee address; City; State; Zip Code 12 E. Tuohig Ste. 200 San Angelo, TX 76903	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description All things media
	<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.

<b>1</b> Total pages Schedule F1: 8	<b>2</b> FILER NAME Travis Griffith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/31/24	<b>5</b> Payee name Sovereign Media	
<b>6</b> Amount (\$) 4,950.00	<b>7</b> Payee address; City; State; Zip Code 12 E. Twonig Ste. 200, San Angelo, TX 76903	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description All things media
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 05/31/24	Payee name Facebook	
Amount (\$) 85.33	Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Social Media Ads
	<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 06/04/24	Payee name USPS	
Amount (\$) 3,000.00	Payee address; City; State; Zip Code 1 N. Abe St. San Angelo, TX 76901	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Stamps
	<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: <b>8</b>		2 FILER NAME <b>Travis Griffith</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>06/04/24</b>		5 Payee name <b>KLST/KSAN</b>			
6 Amount (\$) <b>4,160.00</b>		7 Payee address; City; State; Zip Code <b>2800 Armstrong St. San Angelo, TX 76903</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>TV</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

Date <b>06/04/24</b>		Payee name <b>Foster communications</b>			
Amount (\$) <b>500.00</b>		Payee address; City; State; Zip Code <b>2824 Sherwood Way San Angelo, TX 76901</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Radio</b>		
	<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 <b>04/25-06/05/24</b>		Payee name <b>Travis Griffith</b>			
Amount (\$) <b>170.22</b>		Payee address; City; State; Zip Code <b>VENMO/STRIPE</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Processing Fees</b>		
	<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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