CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	CYCE:HA	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 3622 SAN AN	Oak Creek D	STATE; ZIP CODE	06/07/2024 @ 10:05 PM
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	(325) =	315-16462		via email
PHONE	(500)	010 4142		Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	Olal A	MI	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	NICKHANIE	Watkins	SUFFIA	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	JITE #, CITY;	STATE; ZIP CODE
(Residence or Business)	909 W.	Beauregard A	ve. San Angelu, To	x 710901
8 CAMPAIGN TREASURER PHONE	(325) 7	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	extion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 04	Day Year / 25 / 2024	THROUGH OW	Day Year / 05 / 2024
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	04/15/	2024 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known	n)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ED TO REPORT THIS INFORMATION ONLY IF	THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
	`	COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)	m 1 7 U (1 cm/)
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT)	EES OF LOANS) \$ 31,555.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
50	4. TOTAL POLITICAL EXPENDITURES	\$30,245.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	\$ 5,427.64
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompany	ring report is true and correct and includes all information
rec	uired to be reported by me under Title 15, Election Code.	× 1
	\sim	1 1 1 . 1
		L) Al lad
		Signature of Candidate or Officeholder
		Signature of Candidate of Officeroider
	Diagon complete either or	otion holowy
	Please complete either o	ption below:
(1) Affidavit	JANA THOMASON Notary Public	
	STATE OF TEXAS	
Wind the second	ID#12685243-1 My Comm. Exp. Jan. 30. 2026	
NOTARY STAMP/SEAL	-	
Sworn to and subscribed	before me by Travis Griffith	
20 to certify	which, witness my hand and seal of office.	I TK Notary
	Jana momus	In The Notan
Signature of officer administe		th Title of officer administering oath
	OR	V 10 10 10 10 10 10 10 10 10 10 10 10 10
(2) Unsworn Declaration	on	
	, and my	date of birth is
My address is	,	
	,	city) (state) (zip code) (country)
Executed in	County, State of , on the	day of, 20
		(month) (year)
	Sign	nature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$28.157.01
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$2,245.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30,245,44
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

ir the reques	sted information is not applicat	ole, DO NOT III	cidue tilla hage ili tile	roport.
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
The state of the s	PRAVIS GRIFFITH		0	5
4 Date	5 Full name of contributor	out-of-state PAI	; (ID#:)	7 Amount of contribution (\$)
	RACHEL CHAMPION			h la go
12/24/5A	6 Contributor address;	City;	State, Zip Code	4 1952
	RACHEL CHAMPION 6 Contributor address; 709 COURTNEY DR.	ABERDEEN	MD 21001	
	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	; (ID#:)	Amount of contribution (\$)
	DARLENE BARATOS	•		
5 24 24	DARLENE BARATAS Contributor address;	City;	State; Zip Code	+ 2443
	5329 CORAL WAY	SAN AND	Tx 7690H	W 0 1 -
Principal occur	pation / Job title (See Instructions)	Op 410 / 4: Oc	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	JOY KENT			15 201
5/24/24	Contributor address;	City;	State; Zip Code	+ 5876
(0)	JOY KENT Contributor address; HOO! Sur Ross 4	52 San A	16ELO, 1x 76904	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	ut-of-state PAG	; (ID#:)	Amount of contribution (\$)
2 1 1	STEPHANIE GESCH			h
5/24/24	Contributor address;	City;	State; Zip Code	#7348
	11617 FM 388	SAN ANGELO	TX 76905	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
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SCHEDULE A1

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ii die reques	ned intolliation is not applicable, 50 1701 mondes one page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
The state of the s	Trans Griffith	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1	BEN MILLER	
5/24/24	6 Contributor address; City; State; Zip Code	+49000
	BEN MILLER 6 Contributor address; City; State; Zip Gode 30 S CHADBARNE SAN ANKELS TX 76903	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
	PROTECT MANAGER	
Date	Full name of contributor	Amount of contribution (\$)
	Strong Inhumans	(0)
1	Contribute address: City State: Zin Code	114705
2134134	Continuous audiess, Only, Clark, Ep 6000	
	STEPHANIE WILLIAMS Contributor address; City; State; Zip Code 1834 ASTLE PINES DR SAN ANGELO TX 76904	
Frincipal occup	iguoti / Jub une (See matucuona)	tions)
Nurse		
Date	Full name of contributor	Amount of contribution (\$)
) 1	RACHEL MILES	
5/24/24	RACHEL MILES Contributor address; City; State; Zip Code	4 1952
, 110 1	1118 HUNTERS GLEN Rd. SAN ANGELS TY 76901	
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
N	A	
Date	Full name of contributor	Amount of contribution (\$)
	SHEENA DYKSTRA	.,
5/24/24	Contributor address; City; State; Zip Code	44895
210 (10-1	9230 PONDEROSA LN. SAN ANGELS TX 76904	. , , ,
Principal occup	nation / Job title (See Instructions) Employer (See Instruc	tions)
MINI	STRY	
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SCHEDULE A1

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The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	TRAVIS GRIFFITH	. 0	
4 Date	5 Full name of contributor Qut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
	KACHEL PHOUMANAENG		
5/24/24	RICHEL PHOUMAD AENG 6 Contributor address; City;	State; Zip Code	to 4405
100	2821 McGILL BLVD SAN ANGEL	To 76905	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
o vincipal occ		3 chiployer (odo monde	
	I EACHER		
Date	Full name of contributor		Amount of contribution (\$)
1 , ,	KATRINA SMITH		4 1 1 1 1 2
5/24/24	Contributor address; City;	State; Zip Code	= + 1499
1 - 10 9 27.	KATRINA SMITH Contributor address; City; 5115 GREEN VALLEY TR. SAM	AVIT MARKE	
	pation / Job title (See Instructions)	Employer (See Instruc	itions)
1 HE	ERAPY LECH		
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
1 1	TODO DORNHECKER		
5/24/24	Contributor address; City;	State; Zip Code	A 49040
10 4-1	TODO DORNHECKER City; Contributor address; City; 4753 ROYAL TROON SAN ANS	F10 TX 76904	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Trincipal occup	9	Liipoyer (ose moude	
<u>_</u>			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11	ASALFY ALWINE	****	\$ 98 ⁵⁰
5/24/24	Contributor address; City;	State; Zip Code	40 10
	3326 SOUTPLAND SAN ANGE	10, 6x 76904	
	pation / Job title (See Instructions)	Employer (See Instruc	tions)
(SEHAVIONAL ANALYST		
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SCHEDULE A1

ii the reques	ted information is not applicable, DO NOT include the	a hade ut mie tehour
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Manufer and the same	3 Filer ID (Ethics Commission Filers)
5/24/24	5 Full name of contributor SETH CHONOUT 6 Contributor address; City; State; 1205 AVONCALE Dation / Job title (See Instructions) 9 Emplo	Zip Code # 48 95
Date	Full name of contributor Qut-of-state PAC (ID#:	Shirodist of passages. (a)
5/20/24	ALEXANDRA PORTER Contributor address; City; State; 1529 S MADISON SW ANGELO TX	Zip Code 4 4895
	ation / Job title (See Instructions) Employ	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$) Zip Code
Principal occup	ation / Job title (See Instructions) Employ	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code
Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
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SCHEDULE A1

if the reque	sted information is not applic	adie, do not ii	iciude this page in the	report.
The	Instruction Guide explains ho	w to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	at bruse as a syste			3 Filer ID (Ethics Commission Filers)
	Trans Griffith			
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
05/06/24	6 Contributor address;	City;	State; Zip Code	\$19.12
8 Principal occu	2264 Gun Gub R	d. San Ang	9 Employer (See Instruc	tions)
8 Principal occi.	Realtor	s)	9 Employer (See monde	uu ioj
	MALIUI		<u> </u>	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Steven Mcc	Clov		
05/010/24	Contributor address;	City;	State; Zip Code	\$ 339.55
	P.O BOX 4382 SAI	n Antonio	TX 78209	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	Retired			
Date	Full name of contributor	out-of-state PA	C (10#:)	Amount of contribution (\$)
	Mite Champion	1		
05/07/24	Contributor address;	City;	State; Zip Code	\$485.20
	man partial in Ca	in Alpalla T	710904	
Principal occus	pation / Job title (See Instructions	Andrew Commencer (1995) and the Commencer (199	Employer (See Instruc	tions)
T THIO PLAT GODGE	Pilat	,		
	T T T T T T T T T T T T T T T T T T T			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Jana Thomas	son		\$970.70
08/08/24	Contributor address;	City;	State; Zip Code	\$ \ \lo. \ \lo
	2264 Gun Club Ro	San Amael	DTX 71,904	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Re	altor			
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SCHEDULE A1

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The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	and detrained that can be a file	3 Filer ID (Ethics Commission Filers)
	Travis Griffith	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
05/09/24	Brett Nikolauk	1 1150 - 7
100101121	6 Contributor address; City; State: Zip Code	\$485.20
	124 Decoty Dr. San Angell, TX Jugos	
8 Principal occi	upation / Job title (See Instructions) 9 Employer (See Instruc	tions)
	VP of Bank	
Date	Full name of contributor	Amount of contribution (\$)
	Mitch Brininstool	
05/10/24	Contributor address; City; State; Zip Code	\$970.70
	2002 (1805) 201 X	1 1 10 10
Principal occu	3129 CHANNEW SAN ANGELO, TX 74904 pation / Job title (See Instructions) Employer (See Instructions)	tions)
	Pilot	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Francis Telensperger	
05/17/24	Evanus Jelensperger Contributor address; City; State; Zip Code	\$96.80
	DIVIS LICE DOL AND DE CON ANDRON TO ZI ANDR	
Principal occu	pation / Job title (See Instructions) Dr. San Angelo, 1274904 Employer (See Instructions)	
	N/A	
Date	Full name of contributor aut-of-state PAC (ID#:	Amount of contribution (\$)
i is	Kathrine cantu	4101.00
105/24/24	Contributor address; City; State; Zip Code	\$193.90
	4014 Stratford Ave. San AngeloTX 76901	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	Nurse	
<i>a</i>		
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SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Travis Griffith		10	
4 Date	5 Full name of contributor MAX PULLD	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
05/24/24	6 Contributor address;	City;	State; Zip Code	\$193.90
	210S VAILEY VIEW DY	. San Angl	10,TX 710904	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Realtor			
Date	Full name of contributor	ut-of-state PAI	C (ID#:)	Amount of contribution (\$)
04/24/24	Contributor address;	City;	State; Zip Code	\$100.00
	6234 Stage COACH TY	San Anax	10, Tx 76901	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAI	C (10#:)	Amount of contribution (\$)
04/24/24	Contributor address:	City;	State; Zip Code	\$200,00
	1521 Shatter & Sa	in Angelo,	Employer (See Instruc	45
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	aons)
	Attorney			
Date	Full name of contributor	Out-of-state PA	C (ID#:)	Amount of contribution (\$)
05/03/24	Charles Hoya Contributor address;	City;	State; Zip Code	\$100,00
, , ,	2730 Alta Vista un.	San Anaelo	DITX 74904	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Petirea			
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<i>;</i> ·				*
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SCHEDULE A1

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, The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
and the second state of th	Travis Griffith	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)
	John Vincent	1
104/27/24	6 Contributor address; City; State; Zip Code	\$2,000,00
	Sazy Fairway Dr. San Angelo, Tx	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	ctions)
	Self-Employed	
Date	Full name of contributor	Amount of contribution (\$)
1	l Jana Klein	L-m m
04/27/24	Contributor address; City; State; Zip Code	\$200,00
	1734 Kansas Ave, San Angelo, Tx 76904	
	pation / Job title (See Instructions) Employer (See Instru	ctions)
H	ospital Employee	
Date	Full name of contributor	Amount of contribution (\$)
addul and	George Harrison	
05/06/24	Contributor address; City; State; Zip Code	\$100.00
	2033 Beaty Rd. San Angelo, IX 76904	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	N/A	
Date	Full name of contributor	Amount of contribution (\$)
2 2	Dean Feathers	# 500
15/0e/24	Contributor address; City; State; Zip Code	\$500.00
	312 Edinburgh San Angelo, TX 76901	
Principal occur	pation / Job title (See Instructions) Employer (See Instru	ctions)
	Bahker	
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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
- Name of the state of the stat	Travis Griffith	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
- Date		
04/29/12024	6 Contributor address; City; State; Zip Code	\$28.83
	P.D BIX 5923 SAN ANAPLO, TX 76903	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
(ity Employee	
	TY CITIPITY W	
Date	Full name of contributor	Amount of contribution (\$)
	Patricia Gillett	
05/02/24	Contributor address; City; State; Zip Code	\$9Le.80
الم لحمادة	Contributor address,	Ψ [α.σσ
	3641 reday Creek Dr. San Angelo, TX 76904	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc-	ctions)
		,
		to the state of th
Date	Full name of contributor	Amount of contribution (\$)
,		
,	Full name of contributor	
Date 05/05/24	Mttchell Byninstod Contributor address; City; State; Zip Code	Amount of contribution (\$)
05/05/24	Mitchell Byninstod Contributor address; City; State; Zip Code 3129 Clarview San Angell, TX 74904	\$485.20
05/05/24	Mitchell Brininstool	\$485.20
05/05/24	Mitchell Byninstod Contributor address; City; State; Zip Code 3129 Clarview San Angell, TX 74904	\$485.20
0S/0S/24 Principal occu	Contributor address; City; State; Zip Code 3129 Clavview San Angell, Tx 74904 pation / Job title (See Instructions) Employer (See Instru	\$485.20 ctions)
05/05/24	Contributor address; City; State; Zip Code 3129 Clavieu San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20
0S/0S/24 Principal occu	Contributor address; City; State; Zip Code 3129 Clavilly San Angllo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$)
0S/0S/24 Principal occu	Contributor address; City; State; Zip Code 3129 Clavieu San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions)
0S/0S/24 Principal occu	Contributor address; City; State; Zip Code 3129 Claview San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$) \$24.80
05/05/24 Principal occur Date 05/05/24	Contributor address; City; State; Zip Code 3129 Claview San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$) \$24.80
05/05/24 Principal occur Date 05/05/24	Contributor address; City; State; Zip Code 3129 Claview San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$) \$24.80
05/05/24 Principal occur Date 05/05/24	Contributor address; City; State; Zip Code 3129 Claview San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$) \$24.80
05/05/24 Principal occur Date 05/05/24	Contributor address; City; State; Zip Code 3129 Claview San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$) \$24.80
05/05/24 Principal occur Date 05/05/24	Contributor address; City; State; Zip Code 3129 Claview San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$) \$24.80
05/05/24 Principal occur Date 05/05/24	Contributor address; City; State; Zip Code 3129 Claview San Angelo, Tx 74904 pation / Job title (See Instructions) Employer (See Instru Full name of contributor	\$485.20 ctions) Amount of contribution (\$) \$24.80

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
- Santa and and continue in regularity of Million de part are designed.	Travis Griffith	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Aaron Bailey Minor	1
05/06/24	6 Contributor address; City; State; Zip Code	\$500,00
	31 Loch Lomand Rd. San Angelo, TX 76901	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
		-
	Evil pages of appticituator . Claus of state PAT (IDS)	
Date	Full name of contributor	Amount of contribution (\$)
	Chris Cimeno Contributor address; City; State; Zip Code	\$20.00
05/13/24	Contributor address; City; State; Zip Code	4 • • • ·
	114 Dalewood San Angelo, TX 76903	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	Police Officer	
Date	Full name of contributor	Amount of contribution (\$)
	Michelle Denusso	
05/13/24	Contributor address; City; State; Zip Code	\$ 100.00
	4254 Homestead Cr. San Angelo, TX 769	un-
Principal occus	pation / Job title (See Instructions) Employer (See Instruc	
Retired		
Date	Full name of contributor	Amount of contribution (\$)
NS/13/2N	Kellye Garrett	\$15V) 5D
0915/21	Contributor address; City; State; Zip Code	\$100,33
	2210 SUI ROS St. San Angelo TX 76904	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
N	/A	
,-		•
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SCHEDULE A1

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

The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Travis Griffith		
4 Date	5 Full name of contributor JAV GAYYETT	out-of-state PAC (ID#:	7 Amount of contribution (\$)
5/13/24	6 Contributor address:	City; State; Zip Code	\$100.00
	aard sur Ros St. San P	thaelo.Tx 76904	
Principal occu	self-Employed	9 Employer (See Inst	tructions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
05/13/24	Contributor address;	City; State; Zip Code	- \$1,000.UD
	P.O BOX 1991 SAN ANA		
Principal occup	setton / Job title (See Instructions) Self-Employed	Employer (See Inst	ructions)
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
5/15/24	Steven+Cynthia Contributor address;	City; State; Zip Code	*300.00
	414 N. FM 1692 Mile		
Principal occu	nation / Job title (See Instructions)	Employer (See Inst	ructions)
Date		out-of-state PAC (ID#:	Amount of contribution (\$)
5/16/24	Nan (x + Marty D	City; State; Zip Code	F500,00
Director comm	6049 Winners Cir. Say	Angelo, Tx 7404 Employer (See Inst	nuctions)
minupas occuj	N/A	Culbioles (des une	occoria)
	19771		
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
05/14/24	6 Contributor address; City; State; Zip Code	\$100. ⁶⁰
	2817 Briangrove San Angelo, TX 71904	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/17/24	Brian / K'i Mbeny Thompson Contributor address; City; State; Zip Code	\$50,00
	2602 Rice Ave. San Angelo, TX 76904	
Principal occup	Self-Employed Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
05/17/24	Contributor address; City; State; Zip Code	\$1,000,00
	3505 Wedgwood Midland TX 79707	
Principal occup	Petrological Petro	lions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/21/24	Contributor address; City; State; Zip Code	\$650.00
Principal occup	pation / Job title (See Instructions) Reflect San AngeloTX 76954 Employer (See Instructions)	tions)
	11. 10.	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	If contributor is out-of-state PAC, please see Instruction guide for additional re	eporting requirements.

SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Marketon to a common anadoguessor grapman to 1 110 . As also	Travis Griffith	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
- Duic		
וורוסכו>ח	R.C. Lane	\$ 2 (1777 O7
15/28/24	6 Contributor address; City; State; Zip Code	\$2,000.00
	1503 Grierson St San Angelonx 76901	
B Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
	N/A	
Date	Full name of contributor	Amount of contribution (\$)
	The 1110V1011	
he lattlatt	Contributor address; City; State; Zip Code	\$700.00
05/24/24	Contributor address, Oily, Calo, Lip 5-44	1 100.00
	211 N. Milton San Angelo, TX 76901	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	Pilot	
	Full name of contributor	Amount of contribution (\$)
Date		Autour of Contabation (4)
	ROBER/Cauren Watkins	\$1,780,00
05/29/24	Contributor address; City; State; Zip Code	41,780,00
	P.O BOX 3344 San Angelo, TX 76902	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
	Self-Employed	
	T CON PHIPPING	T
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)
05/29/24	Jav+ Dana Dickens	L > > >
10/21/29	Contributor address; City; State; Zip Code	\$3,750.00
	Com and malina Calo Magalo TV TVOIN	
Dischal cons	pation / Job title (See Instructions) Employer (See Instru	ctions)
rnncipal occu	Self -Employed	•
	an timora	
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
05/30/24	Rebuca Long 6 Contributor address; City; State; Zip Code	\$100,00
	SIT S. Jefferson San Angelottx 76901	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
05/23/24	Contributor address; City; State; Zip Code	\$200.00
	7706 FM 2288 San Angelo, Tx 76901	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	N/A	
Date	Full name of contributor	Amount of contribution (\$)
05/30/24	Chanles 6500d Contributor address; City; State; Zip Code	\$200,00
	13501 Westover Terrace San Angelo, Tx 760	1
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
08/30/24	Karen Hesse Smith Contributor address; City; State; Zip Code	\$280,00
	400 S. Madison St. San Angelo, TX 76901	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	N/A	
00		
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Travis Griffith	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
	Conoly Brooks	
05/30/24		\$500,00
100000	6 Contributor address; City; State; Zip Code	
	106 W. Twohig San Angelo, IX 76903	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
	Self-Employed	
Date	Full name of contributor	Amount of contribution (\$)
	wt Wardlaw	•
05/30/24	Contributor address; City; State; Zip Code	\$3,500,00
0 0 7 0 0 7 1 1	Ostralia da de	F5/300.
	1201 S. Park St. San Angelotte 76901	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	Self-Emoloved	
Date	Full name of contributor	
Date		Amount of contribution (\$)
50101101	JOSEPH GOLOVACH	\$100.00
05/31/24	Contributor address; City; State; Zip Code	11001
	2134 Field St. San Angelo, TX 76901	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	Retired	,
	10(10)	
Date	Full name of contributor	Amount of contribution (\$)
	Catherine Walker	
05/24/24	Contributor aduress; City; State; Zip Code	\$ 100.00
00/2/1/01/		
	746 Sac Ave. San Angelo, TX76904	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
	N/A	

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SCHEDULE A1

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

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAME	Travis Griffi	th		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
	Lupe Gomez	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
05/31/24	6 Contributor address;	City;	State; Zip Code	\$100.00		
	3825 TridensTr. S		D, TX 76904			
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)		
	Realtor					
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	Sam Gomez			ot in an		
05/31/24	Contributor address;	City;	State; Zip Code	\$100,00		
	3825 Thatons Tr. Sal	n Angeloits	16904			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)		
	Self-Employed	<u>d</u>				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
	John Austin St	okes	. 4. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.			
05/31/24	Contributor address;	City;	State; Zip Code	\$597.23		
	2801 Live Dak St. S	an Angelo	TX 769DI			
Principal occup	pation / Job title (See Instructions)	THE TOTAL PROPERTY.	Employer (See Instruc	tions)		
	ovt. Employee					
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)		
15	Kent Lacy			41.00 (0)		
05/24/24	Contributor address;	City;	State; Zip Code	\$100,00		
2817 Bria ranove In San Angello, Tx 76904						
Principal occur	pation / Job title (See Instructions)	V	Employer (See Instruc	tions)		
	Retired					
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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Travis Griffith	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
05/24/24	NEI da NDWIIN 6 Contributor address; City: State; Zip Code	\$100,00
	3017 Palo Duro Dr. San Angelo TX 76904	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/24/24	Contributor address; City; State; Zip Code	\$100.00
	3205 Country Club Rd. San Angelo, Tx 76904	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)
Date	Full name of contributor	Amount of contribution (\$)
08/24/24	Contributor address; City; State; Zip Code	\$100,00
	P.O BOX GOTII SAN ANGLIO, TX 76906	
Principal occur	SELF-Employed Employer (See Instructions)	lions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/24/24	RUTH SUTTON Contributor address; City; State; Zip Code	\$100,00
	P.D. Box 1744 San Angelo, TX 76902	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
÷		

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Tł	he Instruction Guide explains how to complete this form	1.	Total pages Schedul	le A2:
2 FILER NAM	Travis Griffith	3	Filer ID (Ethics Con	nmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$		
12 Contributor's	6 Full name of contributor out-of-state PAC (ID#:	Zip Code TGD 11 Employer (F	Contribution \$ \$1,395 Check if travel outside FOR NON-JUDICIA -EMPLOYE s job title (FOR JUE	9 In-kind contribution description AUDULT Staging, Labor e of Texas. Complete Schedule T. L)(See Instructions) DICIAL) (See Instructions) e (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date DS/10/24	Full name of contributor out-of-state PAC (ID#	Zip Code	Amount of Contribution \$	In-kind contribution description T-SNITS of Texas. Complete Schedule T.
	Supation / Job title (FOR NON-JUDICIAL) (See Instructions)	self-	FOR NON-JUDICIA	L)(See Instructions)
	e principal occupation (FOR JUDICIAL) s employer/law firm (FOR JUDICIAL)			e (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Osti Bilione	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULF	AS NEEDED	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAM	Travis Griffith		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 05 24 24 10 Principal occ	7 Contributor address; City; State; S138 KNUKUNOVKU RA SAN ANGUATE Supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code (76904	Contribution \$	9 In-kind contribution description USC 0F PAYKING LOT de of Texas. Complete Schedule T. AL)(See Instructions)
	Dentist	40 Cantaibu	Jelt - EIMB	DICIAL) (See Instructions)
12 Contributors	principal occupation (FOR JUDICIAL)	13 Contribu	tot s job tibe (FOR JO	DICIAL/(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
r	ATTACH ADDITIONAL COPIES OF T	THE COLEDIT	I FAS NEEDED	
	If contributor is out-of-state PAC please see instructi			requirements.

SCHEDULE F1

## Advertising Expense Accounting Between Fear Peace Concentration Control Contr		EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 8 FILER NAME 1 TANS CRIFFITM 9 Flave name 19 Jan 24 10 Total pages Schedule F1: 2 FILER NAME 15 Payee name 19 Style 16 Amount (9) 7 Payee address; 2 Folge Category (See Categories lited at the top of this schedule) 2 Complete QNLY if direct 2 Category (See Categories lited at the top of this schedule) 2 Complete QNLY if direct 2 Payee address; 3 Filer ID (Ethics Commission Filer 3 Filer ID (Ethics Commission Filer 4 Date 19 Complete Schedule F1: 2 Filer NAME 10 Complete Schedule F1: 2 Filer F1 10 Check if Austin, TX, officerbolar Image superins 10 Check if Austin, TX, officerbolar Image superins 10 Check if Instituted at the top of this schedule F1 10 Check if Instituted F1 10 Check if Instituted F1 10 Check if Instituted F1 10 Check if Austin, TX, officerbolar Image superins 10 Check if Instituted F1 11 Che	Accounting/Banking Consulting Expense Contributions/Donations Made By	Fees Food/Beverage Expanse Gift/Awards/Memorials Expanse	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
1 Total pages Schedule Ft. 2 FILER NAME 8		MARK THE ASSESSMENT OF THE PARTY OF THE PART	a Senter	Cultil (cities a category from consequence)
Source Source Source State S			The to outspice and twint	7 Files ID (Cthica Commission Files)
## Payee address: City: State: Zip Code ## Payee address: City: State: Zip Code ## Purpose		2 FILER NAME TRAVIS GRIFF	ith	5 FREE TO (EURICS COMMISSION FREES)
8 Amount (\$) 7 Peyee address: City: State: Zip Code 9 Complete ONLY if direct expenditure to benefit C/OH Payee address: Complete Schedule Total Payer Advertising expense Category (See Categories listed at the top of this schedule) Payer name Purpose OF EXPENDITURE Candidate / Office holder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Coteck If Austin, TX, officaholder living expense	4 Date	5 Payee name		
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check (I travel outside of Tiesas Complete Schedule T. Candidate / Officeholder name Office sought Office sought Office held Payee name PURPOSE EXPENDITURE Category (See Categories listed at the top of this schedule) Description Purpose OF EXPENDITURE Candidate / Officeholder name Office sought Office sought Office held Office sought Office sought Office held Office sought Office sought Office held Office sought Office sought Office sought Office held Office sought Office sought Office sought Office held Date Payee address; City; State: Zip Code Office sought Office sought Office sought Office held Description Date Payee address; City; State: Zip Code Date Office sought Office held Description Description Description Description Description Description Description Office sought Office held	04/29/24	UPS Store		
Say Category (See Categories listed at the top of this schedule) Category (See Categories	6 Amount (\$)	7 Payee address;	City;	State; Zip Code
PURPOSE EXPENDITURE (d) Check if rever outside of Texas Complete Schedule T. Check if Austin, TX, officeholder Inling expenses 9 Complete QNX if direct expenditure to benefit C/OH Date	491.55	3524 Knickenbooker Rd.S	te.C., San Angel	W.TX 76904
PURPOSE EXPENDITURE (c) Check if travel culside of forces. Complete Schedule T. Check if Austin, TX, officiaholder living expenses 9 Complete QNX if direct expenditure to benefit C/OH Date Payee name Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Payee name Complete QNX if direct expenditure to benefit C/OH Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Payee name Complete QNX if direct expenditure to benefit C/OH Payee name Payee name Payee name Payee name Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Date Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete QNX if direct Complete QNX if direct Complete QNX if direct Candidate / Officeholder name Office sought Office sought Office held Complete QNX if direct Complete QNX if direct Candidate / Officeholder name Office sought Office sought Office held	8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
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9 Complete QNLY if direct expanditure to benefit C/OH Date Payee name Payee address: City: State: Zip Code Amount (s) Payee address: City: State: Zip Code Category (see Categories listed at the top of this schedule) Complete QNLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Candidate / Office holder name Complete QNLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Category (see Categories listed at the top of this s	EXPENDITURE		- Inpu	Mava IISING
Date Payee name Purpose OF EXPENDITURE Payee address; City: State: Zip Code Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Date Payee name Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Complete QNLY if direct expenditure to benefit C/OH Payee name Payee name Category (See Categories listed at the top of this schedule T. Check if Austin, TX, officeholder living expense City: State: Zip Code Amount (8) Payee name Category (See Categories listed at the top of this schedule) Categ		(C) Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense
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Amount (\$) Payee address; City; State; Zip Code 200.00 Hacker Way Mento Park	Date	Payee name		
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PURPOSE OF EXPENDITURE Advertising Check if revel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name Office sought City; State; Zip Code Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder fiving expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	200.00			25
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Complete ONLY if direct expenditure to benefit C/OH Payee name Payee name Payee address; City; State: Zip Code Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office held	OF	Advertising	Social	Media Ads
Complete ONLY if direct expenditure to benefit C/OH Payee name Payee name Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Candidate / Office holder name Office sought Office sought Office held Office held Office sought Office held	1	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	n, TX, officeholder living expense
Date Payee name DS/D/24 Facebook Amount (\$) Payee address; City; State; Zip Code Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Officeholder name Office sought Office held				
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ravis Griffith 4 Date 05/01/24 6 Amount (\$) 7 Payee address: State: Zip Code 200,00 8 PURPOSE dvertising EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name City: State: Zip Code **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code 250,00 **PURPOSE** OF Social Modia Ads **EXPENDITURE** Advertising Check if travel outside of Texas. Complete Schedute T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule, F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) Zip Code 7 Payee address; State: 8 PHIRPOSE OF EXPENDITURE lexas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date City: State: Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** xas. Complete Schadule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date City: State: Zip Code 250,00 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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SCHEDULE F1

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) rays Gnffith 4 Date 6 Amount (\$) 7 Payee address; City: State: Zip Code Angely; (b) Description 8 PURPOSE EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 05/3/24 City; State: Zip Code **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; State; Zip Code 1690 Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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