

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

(NO CHANGE IN BALANCE)

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

MR

FIRST

HALDEN

MI

D

NICKNAME

LAST

GRIFFITH

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

MR

FIRST

HALDEN

MI

D

NICKNAME

LAST

GRIFFITH

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

05

06

THROUGH

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 06 / 23

☐ Primary

☐ Runoff

☐ Other

Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

COUNCIL PLACE 5

13 OFFICE SOUGHT (if known)

COUNCIL PLACE 5

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

Additional Pages

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

(NO CHANGE IN BALANCE)

FORM C/OH  
COVER SHEET PG 2

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

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

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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**

(NO CHANGE IN BALANCE)

**FORM C/OH  
COVER SHEET PG 3****19 FILER NAME** HALDEN GRIFFITH**20 Filer ID (Ethics Commission Filers)**

<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1. <input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

(NO CHANGE IN  
FINANCES)

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>MR.</u></div> <div>FIRST <u>HALDEN</u></div> <div>MI <u>D</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>GRIFFITH</u></div> <div>SUFFIX</div> </div>	<b>OFFICE USE ONLY</b>  Date Received <u>2/10/2023</u>    Date Hand-delivered or Date Postmarked  <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date Processed</div> <div>Date Imaged</div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>MR.</u></div> <div>FIRST <u>HALDEN</u></div> <div>MI <u>D</u></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>GRIFFITH</u></div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="background-color: black; height: 40px; width: 100%;"></div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year <u>5</u> / <u>6</u> / <u>23</u></div> <div>THROUGH</div> <div>Month Day Year <u>2021</u> / <u>2023</u></div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>             ELECTION DATE              Month Day Year  <u>5</u> / <u>6</u> / <u>23</u> </div> <div>             ELECTION TYPE  <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special           </div> </div>										
12 OFFICE	OFFICE HELD (if any) <u>COUNCIL PLACE 5</u>	13 OFFICE SOUGHT (if known) <u>COUNCIL PLACE 5</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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 (NO CHANGE - UPDATE REPORT) FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 2

15 C/OH NAME <span style="color: blue; font-size: 1.2em;">HALDEN GRIFFITH</span>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <span style="color: blue;">\$2954.81</span>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <span style="color: blue;">\$2954.81</span>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <span style="color: blue;">2954.81</span>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

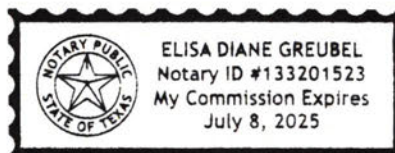
(NO CHANGE IN FINANCES)

*[Signature]* - 2/16/23

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Halden Griffith this the 16 day of FEBRUARY, 20 23, to certify which, witness my hand and seal of office.

<span style="color: blue; font-size: 1.2em;">[Signature]</span>	<span style="color: blue; font-size: 1.2em;">Elisa Greubel</span>	<span style="color: blue; font-size: 1.2em;">Deputy City Secretary</span>
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

(NO CHANGE IN FINANCES)

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

HALDEN GRIFFITH

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2954.81
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

(NO CHANGE)

## 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)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>(NO CHANGE)</p>		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

MR.

HALDEN

D

NICKNAME

LAST

SUFFIX

GRIFFITH

## OFFICE USE ONLY

Filer ID #

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

5 OFFICE  
HELD  
(if any)

COUNCIL PLACE 5

6 OFFICE  
SOUGHT  
(if known)

COUNCIL PLACE 5

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR.

HALDEN

D

GRIFFITH

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.



Signature of Candidate

1/18/23

Date Signed

GO TO PAGE 2



**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

*HALDEN GRIFFITH*

**12 MODIFIED  
REPORTING  
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$940 in political contributions  
or make more than \$940 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

*2023*

Year of election(s) or election cycle to  
which declaration applies

*Halden Griffith*

Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <span style="font-family: cursive; font-size: 1.2em;">DAN MILLER HALDEN GRIFFITH</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">4/8/21</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-family: cursive; font-size: 1.2em;">ROY E EASLEY</span> 6 Contributor address; City; State; Zip Code <span style="font-family: cursive; font-size: 1.2em;">[REDACTED] WESTWORTH TX 76114</span>	7 Amount of contribution (\$)  <span style="font-size: 1.2em;">\$ 500.00</span>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# 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	\$ 5050
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2249.62
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	\$



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR.</b> NICKNAME</div> <div>FIRST <b>HALDEN</b> LAST</div> <div>MI <b>D</b> SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;"><b>GRIFFITH</b></div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>OFFICE USE ONLY</b></div> <div style="border: 1px solid black; padding: 5px; height: 100px;">Date Received</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between; font-size: small;"> ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE </div> <div style="background-color: black; height: 40px; width: 100%;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between; font-size: small;"> AREA CODE    PHONE NUMBER    EXTENSION </div> <div style="background-color: black; height: 30px; width: 100%;"></div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR.</b> NICKNAME</div> <div>FIRST <b>HALDEN</b> LAST</div> <div>MI <b>DAVID</b> SUFFIX</div> </div> <div style="text-align: center; margin-top: 10px;"><b>GRIFFITH</b></div>	<div style="display: flex; justify-content: space-between; font-size: small;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Date Processed</div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;">Date Imaged</div>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between; font-size: small;"> STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE </div> <div style="background-color: black; height: 60px; width: 100%;"></div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between; font-size: small;"> AREA CODE    PHONE NUMBER    EXTENSION </div> <div style="background-color: black; height: 50px; width: 100%;"></div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Month    Day    Year <b>04 / 02 / 21</b></div> <div>THROUGH</div> <div>Month    Day    Year <b>07 / 09 / 21</b></div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ELECTION DATE  Month    Day    Year  <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </div> <div style="width: 60%;"> ELECTION TYPE  <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div><input type="checkbox"/> Primary</div> <div><input type="checkbox"/> Runoff</div> <div><input type="checkbox"/> Other Description</div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div><input type="checkbox"/> General</div> <div><input type="checkbox"/> Special</div> </div> </div> </div>		
12 OFFICE	OFFICE HELD (if any)  <b>COUNCIL PLACE 5</b>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME HALDEN GRIFFITH 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5050
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2249.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,954.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

## 18 AFFIDAVIT

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, 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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>HALDEN GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/26/21</b>	5 Payee name <b>OPTIMIZE DESIGN, LLC</b>		
6 Amount (\$) <b>454.70</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"><div><b>[REDACTED]</b></div><div><b>MANFIELD TX 76063</b></div></div>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		(b) Description <b>YARD SIGNS</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>4/5/21</b>	Payee name <b>GO DADDY OPERATING COMPANY, LLC</b>		
Amount (\$) <b>\$21.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"><div><b>[REDACTED]</b></div><div><b>SCOTTSDALE, AZ 85260</b></div></div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>CAMPAIGN WEBSITE</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>4/6/21</b>	Payee name <b>GO DADDY OPERATING COMPANY, LLC</b>		
Amount (\$) <b>\$91.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"><div><b>[REDACTED]</b></div><div><b>SCOTTSDALE, AZ 85260</b></div></div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>CAMPAIGN WEBSITE</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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

HALDEN GRIFFITT

3 Filer ID (Ethics Commission Filers)

4 Date

4/13

5 Full name of contributor

MARION KNAUS

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

WESTWORTH  
VILLAGE TX 76114

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18

Full name of contributor

DAVID M KRAMER

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$2,500.

Contributor address;

City;

State;

Zip Code

WESTWORTH  
FORT WORTH TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/28

Full name of contributor

HOLUS SULLIVAN

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$2,000

Contributor address;

City;

State;

Zip Code

WESTWORTH  
VILLAGE TX 76114

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>HALDEN GRIFFITH</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/19/21</b>	5 Payee name <b>ALEX &amp; MARISSA RUSSELL</b>
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6 Amount (\$) <b>\$350.00</b> <input type="checkbox"/> Reimbursement from political contributions	7 Payee address; <b>[REDACTED] WESTWORTH VILLAGE TX 76114</b>
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>COFFEE TRUCK</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>4/19/21</b>	Payee name <b>HAPPY DONUT SHOP</b>
------------------------	---------------------------------------

Amount (\$) <b>\$45.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>[REDACTED] FORT WORTH TX 76114</b>
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/3/21</b>	Payee name <b>SARAH IRWIN</b>
-----------------------	----------------------------------

Amount (\$) <b>\$550.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>[REDACTED] RIVER OAKS TX 76114</b>
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>ELECTION DAY HORSE RENTAL</b>
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>HALDEN GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/6/21</b>	5 Payee name <b>GO DADDY OPERATING COMPANY, LLC</b>		
6 Amount (\$) <b>\$31.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <b>SCOTTSDALE, AZ 85260</b>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>CAMPAIGN WEBSITE</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	Payee name <b>PATRICK HOFFACKER</b>		
Amount (\$) <b>\$500.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>CAMPAIGN VIDEO AD</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>4/10/21</b>	Payee name <b>OPTIMIZE DESIGN, LLC</b>		
Amount (\$) <b>\$140.73</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <b>MANFIELD TX 76063</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>DIGITAL CAMPAIGN EVENT FLYER</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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

## 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <b>HALDEN GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>5/6/21</b>		5 Payee name <b>GO DADDY OPERATING COMPANY, LLC</b>			
6 Amount (\$) <b>\$31.97</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 <b>[REDACTED]</b> ; City: <b>SCOTTSDALE</b> State: <b>AZ</b> Zip Code: <b>85260</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>WEBSITE RENEWAL</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					
Date <b>6/7/21</b>		Payee name <b>GO DADDY OPERATING COMPANY, LLC</b>			
Amount (\$) <b>\$31.97</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: <b>SCOTTSDALE</b> State: <b>AZ</b> Zip Code: <b>85260</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>WEBSITE RENEWAL</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					
Date <b>7/6/21</b>		Payee name <b>GO DADDY OPERATING COMPANY, LLC</b>			
Amount (\$) <b>\$31.97</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City: <b>SCOTTSDALE</b> State: <b>AZ</b> Zip Code: <b>85260</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>WEBSITE RENEWAL</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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



FORM C/OH  
COVER SHEET PG 1

**GO TO PAGE 2**

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

HALDEN GRIFFITH

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2715.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1903.04
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	\$



# 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2715
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1903.04
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<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.

*Halden Griffith*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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 HALDEN GRIFFITH, and my date of birth is 1/1/1981.

My address is 1000 WESTWORTH VILLAGE, TX, 76114, USA.  
(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 1 day of APRIL, 20 21.  
(month) (year)

*Halden Griffith*  
Signature of Candidate/Officeholder (Declarant)

# 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>4</b>
2 FILER NAME <b>HALDEN GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/27/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CRAIG WADE</b>	7 Amount of contribution (\$) <b>300</b>
6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] <b>WESTMOUTH VILLAGE TX 76114</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/31/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACK RUBIN</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] <b>FORT WORTH TX 76104</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DIANE PROVENZA</b>	Amount of contribution (\$) <b>500</b>
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] <b>WYLIE TX 75098</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/16/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RENEE PINTO</b>	Amount of contribution (\$) <b>250</b>
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] <b>FORT WORTH TX 76116</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <u>4</u>	
2 FILER NAME <u>HALDEN GRIFFITH</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/18/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GLEN JOHNSON</u>		7 Amount of contribution (\$)  <u>250</u>
6 Contributor address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <u>[REDACTED]</u> <u>[REDACTED]</u> </div> <div> <u>WESTWORTH</u>  <u>VILLAGE</u> </div> <div> <u>TX</u> <u>76114</u> </div> </div>			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date <u>3/18/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DOUGLAS ROGERS</u>		Amount of contribution (\$)  <u>200</u>
Contributor address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <u>[REDACTED]</u> <u>[REDACTED]</u> </div> <div> <u>WESTWORTH</u>  <u>VILLAGE</u> </div> <div> <u>TX</u> <u>76114</u> </div> </div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <u>3/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERESA GILL</u>		Amount of contribution (\$)  <u>500</u>
Contributor address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <u>[REDACTED]</u> <u>[REDACTED]</u> </div> <div> <u>WESTWORTH</u>  <u>VILLAGE</u> </div> <div> <u>TX</u> <u>76114</u> </div> </div>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date <u>3/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JENNIFER LANDRUM</u>		Amount of contribution (\$)  <u>100</u>
Contributor address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <u>[REDACTED]</u> <u>[REDACTED]</u> </div> <div> <u>FORT</u>  <u>WORTH</u> </div> <div> <u>TX</u> <u>76108</u> </div> </div>			
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: <u>4</u>
2 FILER NAME <u>HALDEN GRIFFITH</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/21/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>CHARLES WEISBORN</u> <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 50px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div> <u>FORT WORTH TX 76109</u>	7 Amount of contribution (\$)  <u>100</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/26/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TIMOTHY HALDEN</u> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 50px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div> <u>FORT WORTH TX 76147</u>	Amount of contribution (\$)  <u>200</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/27/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KERRE RANDEL</u> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 50px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div> <u>FORT WORTH TX 76147</u>	Amount of contribution (\$)  <u>250</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/30/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>EDWARD MC LIN</u> <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 50px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 20px; height: 1.2em; display: inline-block;"></div> <u>FORT WORTH TX 76102</u>	Amount of contribution (\$)  <u>20</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		





# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="text-align: center;">2</div>	<b>2</b> FILER NAME <div style="text-align: center;">HALDEN GRIFFITH</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">2/24</div>	<b>5</b> Payee name <div style="text-align: center;">Go DODDY OPERATING COMPANY, LLC</div>		
<b>6</b> Amount (\$) <div style="text-align: center;">57.17</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City: State: Zip Code <div style="text-align: center;">[REDACTED] SCOTTSDALE AZ 85260</div>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING EXPENSE</div>		<b>(b)</b> Description <div style="text-align: center;">(CAMPAIGN WEBSITE /EMAIL)</div>
	<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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
<b>Date</b> <div style="text-align: center;">2/24/21</div>	<b>Payee name</b> <div style="text-align: center;">OPTIMIZE DESIGN LLC</div>		
<b>Amount (\$)</b> <div style="text-align: center;">562.95</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City: State: Zip Code</b> <div style="text-align: center;">[REDACTED] MANFIELD TX 76063</div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>		<b>Description</b> <div style="text-align: center;">YARD SIGNS + DESIGN</div>
	<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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			
<b>Date</b> <div style="text-align: center;">3/15</div>	<b>Payee name</b> <div style="text-align: center;">BRENDA GRIFFITH</div>		
<b>Amount (\$)</b> <div style="text-align: center;">151.97</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City: State: Zip Code</b> <div style="text-align: center;">[REDACTED] FORT WORTH TX 76109</div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING EXPENSE</div>		<b>Description</b> <div style="text-align: center;">SHIRTS</div>
	<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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 2	<b>2</b> FILER NAME HALDEN GRIFFITH		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/16	<b>5</b> Payee name OPTIMIZE DESIGN LLC		
<b>6</b> Amount (\$) 454.70 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <div style="background-color: black; width: 100px; height: 20px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div> <div style="background-color: black; width: 50px; height: 20px;"></div> </div> <div>MANSFIELD TX 76063</div> </div>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		<b>(b)</b> Description YARD SIGNS
	<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 ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
<b>Date</b> 3/21	<b>Payee name</b> VISTAPRINT - IMPRESS COMPANY		
<b>Amount (\$)</b> 236.04 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <div style="display: flex; justify-content: space-between;"> <div> <div style="background-color: black; width: 100px; height: 20px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div> <div style="background-color: black; width: 50px; height: 20px;"></div> </div> <div>WALTHAM MA 02451</div> </div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		<b>Description</b> CAR MAGNETS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
<b>Date</b> 3/26	<b>Payee name</b> OPTIMIZE DESIGN LLC		
<b>Amount (\$)</b> 440.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address; City; State; Zip Code</b> <div style="display: flex; justify-content: space-between;"> <div> <div style="background-color: black; width: 100px; height: 20px;"></div> <div style="background-color: black; width: 100px; height: 20px;"></div> <div style="background-color: black; width: 50px; height: 20px;"></div> </div> <div>MANSFIELD TX 76063</div> </div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) PRINTING EXPENSE		<b>Description</b> DOOR HANGER + DESIGN
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	<div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div>					<b>OFFICE USE ONLY</b>	
	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX:</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div>					Filer ID #	
	<div style="display: flex; justify-content: space-between;"> <span>DATE RECEIVED</span> </div>					Date Received	
3 CANDIDATE MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX:</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div>					Date Hand-delivered or Postmarked	
	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div>					Receipt #	
	<div style="display: flex; justify-content: space-between;"> <span>DATE PROCESSED</span> </div>					Amount \$	
4 CANDIDATE PHONE	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div>					Date Processed	
	<div style="display: flex; justify-content: space-between;"> <span>DATE IMAGED</span> </div>					Date Imaged	
	<div style="display: flex; justify-content: space-between;"> <span>DATE IMAGED</span> </div>					Date Imaged	
5 OFFICE HELD (if any)							
6 OFFICE SOUGHT (if known)	CITY COUNCIL - PLACE 5						
7 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>MS/MRS/MR</span> <span>FIRST</span> <span>MI</span> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div>						
	<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE):</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div>						
	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div>						
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE):</span> <span>APT / SUITE #:</span> <span>CITY:</span> <span>STATE:</span> <span>ZIP CODE</span> </div>						
9 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div>						
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>						
	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="font-size: 1.2em; margin: 0;">Halden Griffith</p> <p style="margin: 0;">Signature of Candidate</p> </div> <div style="width: 35%;"> <p style="font-size: 1.2em; margin: 0;">1/20/21</p> <p style="margin: 0;">Date Signed</p> </div> </div>						
	<p style="text-align: center; font-weight: bold;">GO TO PAGE 2</p>						
	<p style="text-align: center; font-weight: bold;">GO TO PAGE 2</p>						



# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$500 in political contributions or  
make more than \$500 in political expenditures (excluding filing fees)  
in connection with any future election within the election cycle.  
I understand that if either one of those limits is exceeded, I will be  
required to file pre-election reports and, if necessary, a runoff  
report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to

Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

#### 1 ACCOUNT NUMBER (Ethics Commission Filers)

#### 2 TYPE OF FILER

CANDIDATE ☒POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.*

*If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.*

#### 3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)

HALDEN  
GRIFFITH

TITLE (Dr., Mr., Ms., etc.)

MR.

FIRST

HALDEN

MI

DAVID

NICKNAME

LAST

GRIFFITH

SUFFIX (SR., JR., III, etc.)

#### 4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

#### 5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)

STREET / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

[REDACTED]

[REDACTED]

[REDACTED]

WESTWORTH  
VILLAGE

TX

76114

#### 6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)

CITY COUNCIL - PLACE 5

#### 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

#### 8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**GO TO PAGE 2**



## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filer)	<b>2</b> Total pages filed:
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI MR.      HALDEN      DAVID		<b>OFFICE USE ONLY</b>  Date Received        Date Hand-delivered or Date Postmarked   Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME      LAST      SUFFIX GRIFFITH		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED]      [REDACTED]      WESTWORTH TX 76114 VILLAGE		
	AREA CODE      PHONE NUMBER      EXTENSION [REDACTED]		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR      FIRST      MI MR.      HALDEN      DAVID		
	NICKNAME      LAST      SUFFIX GRIFFITH		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI MR.      HALDEN      DAVID		
	NICKNAME      LAST      SUFFIX GRIFFITH		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE [REDACTED]      [REDACTED]      WESTWORTH TX 76114 VILLAGE		
	AREA CODE      PHONE NUMBER      EXTENSION [REDACTED]		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION [REDACTED]		
	[REDACTED]		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	[REDACTED]		
<b>10</b> PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year /      /                     /      /      /		
	[REDACTED]		
<b>11</b> ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 01 / 21 <input type="checkbox"/> General <input type="checkbox"/> Special		
	[REDACTED]		
<b>12</b> OFFICE	OFFICE HELD (if any) <b>13</b> OFFICE SOUGHT (if known) CITY COUNCIL - PLACE S		
	[REDACTED]		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2715
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1903.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

*Halden Griffith*

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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 HALDEN GRIFFITH, and my date of birth is 1/1/21.  
 My address is WESTWORTH VILLAGE, TX, 76114, USA.  
 (street) (city) (state) (zip code) (country)  
 Executed in TARRANT County, State of TEXAS, on the 1 day of APRIL, 20 21.  
 (month) (year)  
*Halden Griffith*  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>HALDEN GRIFFITH</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2715.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1903.04
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: 4

2 FILER NAME

HALDEN GRIFFITH

3 Filer ID (Ethics Commission Filers)

4 Date

2/27/21

5 Full name of contributor

CRAIG WADE

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

300

6 Contributor address;

City;

State;

Zip Code

[REDACTED]

[REDACTED]

[REDACTED]

WESTWORTH  
VILLAGE

TX 76114

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/21

Full name of contributor

JACK RUBIN

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100

Contributor address;

City;

State;

Zip Code

[REDACTED]

[REDACTED]

FORT  
WORTH

TX

76104

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/15/21

Full name of contributor

DIANE PROVENZA

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

[REDACTED]

WYLIE

TX

75098

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/21

Full name of contributor

RENEE PINTO

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250

Contributor address;

City;

State;

Zip Code

[REDACTED]

[REDACTED]

FORT WORTH

TX

76116

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: <u>4</u>	
2 FILER NAME <u>HALDEN GRIFFITH</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/18/21</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GLEN JOHNSON</u>		7 Amount of contribution (\$) <u>250</u>
	6 Contributor address; City; State; Zip Code [REDACTED] <u>WESTWORTH</u> <u>TX</u> <u>76114</u> <u>VILLAGE</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <u>3/18/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DOUGLAS ROGERS</u>		Amount of contribution (\$) <u>200</u>
	Contributor address; City; State; Zip Code [REDACTED] <u>WESTWORTH</u> <u>TX</u> <u>76114</u> <u>VILLAGE</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>TERESA GILL</u>		Amount of contribution (\$) <u>500</u>
	Contributor address; City; State; Zip Code [REDACTED] <u>WESTWORTH</u> <u>TX</u> <u>76114</u> <u>VILLAGE</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>3/21/21</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>JENNIFER LANDRUM</u>		Amount of contribution (\$) <u>100</u>
	Contributor address; City; State; Zip Code [REDACTED] <u>FOAT</u> <u>TX</u> <u>76108</u> <u>WORTH</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>4</b>
2 FILER NAME <b>HALDEN GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLES WEISBORN</b> <hr/> 6 Contributor address; City; State; Zip Code <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="margin-left: 10px;"> <b>FORT WORTH TX 76109</b> </div> </div>	7 Amount of contribution (\$)  <b>100</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/26/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TIMOTHY HALDEN</b> <hr/> Contributor address; City; State; Zip Code <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="margin-left: 10px;"> <b>FORT WORTH TX 76147</b> </div> </div>	Amount of contribution (\$)  <b>200</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/27/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KEARE RANDEL</b> <hr/> Contributor address; City; State; Zip Code <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="margin-left: 10px;"> <b>FORT WORTH TX 76102</b> </div> </div>	Amount of contribution (\$)  <b>250</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDWARD MC LIN</b> <hr/> Contributor address; City; State; Zip Code <div style="display: flex; align-items: center;"> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-right: 5px;"></div> <div style="margin-left: 10px;"> <b>FORT WORTH TX 76102</b> </div> </div>	Amount of contribution (\$)  <b>20</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>4</b>	
2 FILER NAME <b>HALDEN GRIFFITH</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>3/15/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELIZABETH MESCH</b> <hr/> 6 Contributor address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div> <b>Fort Worth TX 76101</b> </div> </div>	7 Amount of contribution (\$) <b>250</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <b>3/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID GRIFFITH</b> <hr/> Contributor address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div> <b>Fort Worth TX 76107</b> </div> </div>	Amount of contribution (\$) <b>55</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/15/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KYLE HULGER</b> <hr/> Contributor address; City; State; Zip Code <div style="display: flex; justify-content: space-between;"> <div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div> <b>Fort Worth TX 76107</b> </div> </div>	Amount of contribution (\$) <b>100</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="text-align: center;">2</div>	<b>2</b> FILER NAME <div style="text-align: center;">HALDEN GRIFFITH</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center;">2/24</div>	<b>5</b> Payee name <div style="text-align: center;">GO DODDY OPERATING COMPANY, LLC</div>	
<b>6</b> Amount (\$) <div style="text-align: center;">57.17</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: center;">[REDACTED] SCOTTSDALE [REDACTED] 85260</div>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING EXPENSE</div>	
	<b>(b)</b> Description <div style="text-align: center;">(CAMPAIGN WEBSITE /EMAIL)</div>	
	<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 <div style="text-align: center;">2/24/21</div>	Payee name <div style="text-align: center;">OPTIMIZE DESIGN LLC</div>		
Amount (\$) <div style="text-align: center;">562.95</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="text-align: center;">[REDACTED] MANSFIELD TX 76063</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">PRINTING EXPENSE</div>		Description <div style="text-align: center;">YARD SIGNS + DESIGN</div>
	<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 <div style="text-align: center;">3/15</div>	Payee name <div style="text-align: center;">BRENDA GRIFFITH</div>		
Amount (\$) <div style="text-align: center;">151.97</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="text-align: center;">[REDACTED] FORT WORTH TX 76109</div>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">ADVERTISING EXPENSE</div>		Description <div style="text-align: center;">SHIRTS</div>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="text-align: center; font-size: 1.5em;">2</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">HALDEN GRIFFITH</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="text-align: center; font-size: 1.2em;">3/16</div>	<b>5</b> Payee name <div style="text-align: center; font-size: 1.2em;">OPTIMIZE DESIGN LLC</div>		
<b>6</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">454.70</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended                 </div>	<b>7</b> Payee address; City; State; Zip Code <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 60%; text-align: center;"> <div style="font-size: 1.2em;">MANSFIELD TX 76063</div> </div> </div>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">PRINTING EXPENSE</div>		<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">YARD SIGNS</div>
	<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 ONLY if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

<b>Date</b> <div style="text-align: center; font-size: 1.2em;">3/21</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">VISTAPRINT - IMPRESS COMPANY</div>		
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">236.04</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended                 </div>	<b>Payee address; City; State; Zip Code</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 60%; text-align: center;"> <div style="font-size: 1.2em;">WALTHAM MA 02451</div> </div> </div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">ADVERTISING EXPENSE</div>		<b>Description</b> <div style="text-align: center; font-size: 1.2em;">CAR MAGNET</div>
	<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 <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

<b>Date</b> <div style="text-align: center; font-size: 1.2em;">3/26</div>	<b>Payee name</b> <div style="text-align: center; font-size: 1.2em;">OPTIMIZE DESIGN LLC</div>		
<b>Amount (\$)</b> <div style="text-align: center; font-size: 1.2em;">440.21</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended                 </div>	<b>Payee address; City; State; Zip Code</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 60%; text-align: center;"> <div style="font-size: 1.2em;">MANSFIELD TX 76063</div> </div> </div>		
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">PRINTING EXPENSE</div>		<b>Description</b> <div style="text-align: center; font-size: 1.2em;">DOOR HANGER + DESIGN</div>
	<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 <div style="display: flex; justify-content: space-between;"> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED