The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR	FIRST	ML	OFFICE USE ONLY	
NAME	1011	THUUN		Date Received	
	NICKNAME	GRIFFITH	SUFFIX	30.000.000.000.000.000.000.000.000.000.	
CANDIDATE/	ADDRESS / PO BOX	C APT / SUITE #; C	CITY; STATE; ZIP CODE		
OFFICEHOLDER MAILING					
ADDRESS	72920			The state of the s	
Change of Address			,,, ,,,,,		
CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
PHONE					
CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
TREASURER	MR.	1+46060	Φ	Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
	one and a	GRIMIN	A CONTRACTOR OF THE CONTRACTOR		
CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SE	UITE # CITY;	STATE; ZIP CODE	
TREASURER ADDRESS					
Residence or Business)					
CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE					
PHONE					
REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
PERIOD	Month	Day Year	Month	Day Year	
COVERED	05	186/	THROUGH		
ELECTION	ELECTION D.	ATE -	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other		
	05/06	A CONTRACTOR OF THE CONTRACTOR	Description		
	0-7.00,	/ 23 General		The second of th	
OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (If known		
	COUNCIL	PLACE 5	COUNCIL	PIACE 5	
NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		The state of source of sou	
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



15 C/OH NAME	LDEN GRIFFITH	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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 OF REPORTING PERIOD	TDAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	Signature of Can	adidate or Officeholder
	Please complete either option below:	
		Library Company
(1) Affidavit	为是是是国际的人的人,但是国际的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人	And the season of
NOTARY STAMP/SEA		
Sworn to and subscribed		day of
	which, witness my hand and seal of office.	
Signature of officer administe	Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
		tate) (zip code) (country)
Executed in	County, State of , on the day of(month)) (year)
	Signature of Candida	ate/Officeholder (Declarant)



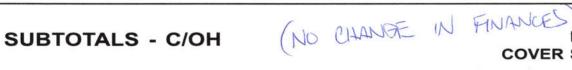
19 FILERNAME HALDEN GRIFFITH 20 Filer ID (Eth	nics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	D \$
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR.	HALDEN	D MI	OFFICE USE ONLY
NAME	NICKNAME	GRIFFITH	SUFFIX	2 /10 /2023
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #; CI	ITY; STATE; ZIP CODE	114
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST HALDEN	D MI	Date Processed
	NICKNAME	GRIFFITH	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE #; CITY;	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 2071	THROUGH	Day Year / 2023
11 ELECTION	ELECTION DAY	Year Primary	Runoff Other Description	PE
	5/6/	/23 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KNO	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER (NO CHANGE - UPDATE REPORT FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) LALDEN (DRIFFITH 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ \$2954.81 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 2. \$ \$2954.81 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. **TOTALS TOTAL POLITICAL EXPENDITURES** \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 7954.81 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS 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. 2/16/23 (NO CHANGE IN FINANCES Signature of Candidate or Officeholder Please complete either option below: ELISA DIANE GREUBEL Notary ID #133201523 (1) Affidavit My Commission Expires July 8, 2025 NOTARY STAMP/SEAL Swom to and subscribed before me by Halden Griffff to certify which, witness my hand and seal of office lisa Greebel Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is _____ My name is My address is (state) (zip code) (country) (city) (street) , 20____ (year) Executed in ______, on the ____ ____ day of _ (month) Signature of Candidate/Officeholder (Declarant)



ers)
OTAL
4.81



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 fo	orm.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
	Date	Full name of contributor	D#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date	Full name of contributor	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
		(NO CHANGE		
		ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc	THIS SCHEDULE AS Nation guide for additional	IEEDED reporting requirements.

Revised 11/15/2022

APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS/MRS/MR CANDIDATE OFFICE USE ONLY NAME MR. Filer ID # NICKNAME SUFFIX **Date Received** /POBOX; APT / SUITE #; CANDIDATE MAILING **ADDRESS** Date Hand-delivered or Postmarked Receipt# Amount \$ PHONE NUMBER CANDIDATE AREA CODE EXTENSION PHONE Date Processed OFFICE Date Imaged HELD (if any) OFFICE SOUGHT (if known) MS/MRS/MR FIRST NICKNAME LAST SUFFIX CAMPAIGN **TREASURER** SIFFITH NAME HALDEN STREET ADDRESS: APT / SUITE #; CITY; ZIP CODE STATE: 8 CAMPAIGN TREASURER STREET **ADDRESS** (residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE 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 Date Signed

GO TO PAGE 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.
	Year of election(s) or election cycle to which declaration applies Addu Literal 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 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME HALDEN GRIFFITH 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ ROY E EASLEY 500.00 6 Contributor address; State; Zip Code City; WESTWORTH 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) State; Zip Code Contributor address; City; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 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.

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5050
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2249.62
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

278 - NEW SANGE - 118 - 12	A TANK TO SEE SEE SEE		1 Filer ID (Ethics	s Commission Filers)	2 Total pages file	ed:
The C/OH Instruction G	Guide explains how to co	omplete this form.			September 1	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MA. NICKNAME	HALDEN		MI D SUFFIX	OFFICE	USE ONLY
14.	(CRIFITH .				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; A	APT / SUITE #; C	CITY; STATE;	; ZIP CODE		
5 CANDIDATE/	AREA CODE P	PHONE NUMBER	EXTENS	SCION		
OFFICEHOLDER PHONE	AREA CODE	HONE NOWDER		SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MZ	HALDEN	D	AVID	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	A STATE OF THE STA	RIFFITH		LITE Constant	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PC	PO BOX PLEASE); APT / SU	UITE #; CITY	t;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PI	PHONE NUMBER	EXTENS	ilon		
9 REPORT TYPE	January 15 July 15	30th day before elec		unoff xceeded \$500 limit	15th day afte treasurer app (Officeholder Final Report	pointment
10 PERIOD COVERED		Day Year	THROUGH	O ⁷ /	Day Year / 21	
11 ELECTION	Month Day	Year Primary General	Runoff Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (IF any)	IACE 5	13 OFFICE	SOUGHT (if known)		
		GO ТО Р	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

14 C/OH NAME	HALDEN	ORIFFITH 1	5 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 COMMITTEE SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NO OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS	- 00 B		
		HON X SALE AFTER	341.73		
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages		- 053 Pith	1.2		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	žva – i		
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS, OR LIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5050		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 2249.62		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$2,954.81		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	HE \$		
18 AFFIDAVIT	14		erjury, that the accompanying report is armation required to be reported by me		
		Signature of Cano	didate or Officeholder		
AFFIX NOTARY STAM	MP/SEALABOVE				
Sworn to and subso	cribed before me.	by the said	, this the		
		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		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how t	s/Wages/Contract Labor o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME HALDEN GRIFFIT	H	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/21	5 Payee name UPTIMI 2.E DESIGN ,	ПС	
6 Amount (\$) 454.70 Beimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code TX 76063
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTWS EXPENSE (c) Check if travel outside of Texas. Complete Schedule T.		SIBNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date 4/5/21	Payee name GO DADO OFFRATI	ING COMPAN	14, LLC
Amount (\$) 2 - 3 Reimbursement from solitical contributions intended	Payee address;	City; SCOTTSC AZ	State; Zip Code 95260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISM EXPENSE Check if travel outside of Texas. Complete Schedule T.		PAIGN WESSITE TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/6/21	Payee name GO DADDY OPERATING	3 Company	Υ, Ψ.
Amount (\$) 9 91. 97 Reimbursement from		City; SCOTTSDALE	State; Zip Code 42 \$5260
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVECTISING EXPENSE Check if travel cutside of Texas. Complete Schedule T.	Description CAMPAG Check if Austin, 1	N WESSITE 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 NEEDE	D

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME GRIFFITH ALDEN 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ MARION KNAUS \$50.00 State; Zip Code 76114 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) DAVID M KRAMER \$2,500. Contributor address; State; 76107 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) \$2,000 4/28 City; Zip Code Contributor address: State; WESTUR 76114 JIWAGF Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ City; Contributor address; 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.

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HALDEN GRIFFITH 4 Date 5 Payee name ALEX & WARISSA RUSSELL 7 Payee address; 4/19/21 6 Amount (\$) State; Zip Code WESTWORTH \$350.00 76114 Reimbursement from VILLAGE political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** FUENT EXPENSE COFFEE TRUCK OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name DONUT 4/19/21 Amount (\$) Payee address; City: State: Zip Code \$45.00 FORT Reimbursement from 76114 political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name SARAH IRWIN 513121 Payee address: State: Zip Code RIVER Reimbursement from 76114 political contributions OAKS Description ELECTION DAY Category (See Categories listed at the top of this schedule) PURPOSE ADVERTISING EXPENSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Cantifications/Jonations Made Candidate/Officeholder/Politic Credit Card Payment)
1 Total pages Schedule G:	2 FILER NAME HALDEN CRIFFITH 3 Filer ID (Ethics Commission File	ers)
4 Date 5/6/21	5 Payee name GO DADON OPERATING COMPANY, LLC	
6 Amount (\$) 5 31. 97 Beimbursement from political contributions intended	7 Payee address; City; State; Zip Code SCOTTSDACE, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE CAMPAIGN WEBSITE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	
Date	Payee name PATRICK HOFFACKER	
Amount (\$) SW. OO Reimbursement from Political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office held	
Date 4/10/21	Payee name UPTIMIZE DESIGN, LLC	
Amount (\$) \$ 140.73 Reimbursement from political contributions intended	Payee address; City; State; Zip Code MANSFIE LI) IX 76063	3
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Description Description Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	YER
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	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) HALDEN GRIFFITH 4 Date 5 Payee name DERATING COMPANY, UC 6 Amount (\$) State: Zip Code Reimbursement from CUTTSDAF 85260 political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** FRISING OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee address; Zip Code Reimbursement from SUPETTOSE political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address: State: Zip Code SCOTBDALE political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** ERSITE RENEWAL OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filer	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR M.R.	FIRST HALDEN	DAVIP	OFFICE USE ONLY
NAME				Date Received
	NICKNAME	GRIFFITH	SUFFIX	
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	
OFFICEHOLDER MAILING ADDRESS		-1 -	VILLAGE TX 7611	4
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER	MR.	HALDEN	DAVID	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date i locassia
		GRIFATH	32715.005	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS			WESTWERTH	TV 7/
			VILLAGE	1X 76114
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE				
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Mon	th Day Year
COVERED		/ /	THROUGH	/ /
=:====:	F. 507:01 P.		5000-5000-5000-500-500	/ /
11 ELECTION	ELECTION DA		ELECTION T	YPE
	Month Day	Year Primary	Runoff Other Description	on
	05/01/	21 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kr	oown)
C IOL	()	7.		- PLACE S
44 NOTICE EDOM	TILLS DOV IS FOR HOW			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURE	S MAY HAVE REEN MADE WITHOUT THE A	S MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IT THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		THE I RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
100 mm 10	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	1
		GO TO	PAGE 2	

SUBTOTALS - C/OH

19	FILER NAME HALDEN GRIFFITH 20 Filer ID (Ethics Con	nmission Filers)				
21	SUBTOTAL AMOUNT					
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1903.04				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1903.04
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
1.0	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
re	A 10 M	: 11 +1
	Signature of Cal	ndidate or Officeholder
	Diago complete cither antion halou	·
	Please complete either option below	10
(1) Affidavit		
NOTARY STAMP/SEA	NL .	Take V
		, day of,
20, to certify	y which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
ALC: ALC: A	OR	
(2) Unsworn Declarat		
My name is	OEN GRIFFITH, and my date of birth is	
My address is	(street) (city) (street)	
Executed in TARRA		state) (zip code) (country)
	(month	
	Signature of Candid	date/Officeholder (Declarant)

SCHEDULE A1

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

if the requested information is not applicable, bo Nor include this page in the report.						
The	Instruction Guide explains h	ow to complete thi	s form.		1 Total pages Schedule A1:	
2 FILER NAME	HALDEN GR	3 Filer ID (Ethics Commission Filers)				
4 Date 2/27/21	CRAIG IN IGNE			7 Amount of contribution (\$)		
in f in 1 f in 1	6 Contributor address;	City; WESTW VICU	(771)	Zip Code 7 6 1 1 4	300	
8 Principal occu	pation / Job title (See Instruction	ns)	9 Empl	oyer (See Instruc	tions)	
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$)	
3/31/21	Contributor address;	City;		Zip Code	100	
		WPJH	ΓX	76109		
Principal occup	pation / Job title (See Instruction	ns)	Empl	oyer (See Instruc	tions)	
Date	Full name of contributor DIANE PROVENZA	out-of-state P	AC (ID#:)	Amount of contribution (\$)	
3/15/21	Contributor address;	City;		Zip Code	500	
		WYLIE	X	75098		
Principal occup	pation / Job title (See Instructio	ns)	Empl	loyer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)	
3/16/21	Contributor address;	City;	State;	Zip Code	200	
		FORT WATH	TX	76116	250	
Principal occu	pation / Job title (See Instructio	ns)	Emp	loyer (See Instruc	ctions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

13						
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	HALDEN GRIFFIT	7-1		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor GEN JOHNSON	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
3/18/21	6 Contributor address;	City; WESTWATH VILLAGE	State; Zip Code	250		
8 Principal occu	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			ctions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
3/18/21	Contributor address; City; State; Zip Code WESTWATH TX 76114			200"		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				etions)		
Date	Full name of contributor TERESA GILL	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
Contributor address;		City: WESTWISH VILLAGE	State; Zip Code	500		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)		
Date	Full name of contributor VENNIFER LANDRO	□ out-of-state PAC	(ID#:)	Amount of contribution (\$)		
3 21 21 Contributor address;		City; FORT NORTH	State; Zip Code	100		
Principal occu	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.						

Forms provided by Texas Ethics Commission ww

www.ethics.state.tx.us

SCHEDULE A1

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

•		To the Control of the
The I	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	HALDEN GRIFATH	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) CHARLES WEISBORN	7 Amount of contribution (\$)
3/21/21	6 Contributor address; City; State; Zip Code FORT X 76104	100
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/26/21	Contributor address; City; State; Zip Code	200
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
3/27/21	Contributor address; City; State; Zip Code	250
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
3/30/21	Contributor address; City; State; Zip Code FORT WITH City; State; Zip Code To PT WITH This is a state; Zip Code	20
Principal occu	pation / Job Itle (See Instructions) Employer (See Instru	uctions)
	•	
	×	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	s form.	1 Total pages Schedule A1:			
2 FILER NAME	HALDEN GRIFAT	H		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ELIZABETH MESCH	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)			
3/15/21	6 Contributer :	FORT WOOTH	State; Zip Code	250			
8 Principal occu	pation / Job title (See Instructions)	ctions)					
Date	Full name of contributor DAVID GRIFFITH		C (ID#:)	Amount of contribution (\$)			
3/15/21	Contributor address;	City; FCPJ WWATH	State; Zip Code	5 5			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
3/15/2	Contributor address;	City; FORT VORTH	State; Zip Code	100			
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code	•			
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)			
			*				
			8.	-			
ATTACH ADDITIONAL CODIES OF THE							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Lcan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sclicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.							
Total pages Schedule G:	2 FILER NAME HALDEN GRIFFITH 3 Filer ID (Ethics Commission Filers)							
2/24	Go DODDY OPERATING COMP	any, LLC						
Amount (\$) 57.17 Reimbursement from political contributions intended	7 Payee address;	City: SCOTTSDAKE	State;	Zip Code 85260				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE (c) Check if travel outside of Texas. Complete Schedule T.		N WEBSITE					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living	Office held				
Date 2/24 /21	Payee name UPTMIZE DESIGN LL							
Amount (\$) 562.95 Reimbursement from political contributions intended	Payee address;	City; MANISFIELIS	State;	Zip Code 76063				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule T.	Description VARD SIGNS + DESIGN Check if Austin, TX, officeholder living		expense				
Complete ONLY if direct expenditure to benefit C/		Office sought		Office held				
Date 3/15	Payee name BRENDA GRIFFITH							
Amount (\$) 151.97 Beimbursement from political contributions intended	Payee address;	City; FORT WORTH	State;	Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SHIRTS						
Complete ONLY if direct expenditure to benefit C/OI	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, Office sought	TX, officeholder living	Office held				
- y	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED					

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politic Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)					
Oreal Card Payment	The Instruction Guide explains how	v to complete this form.				
1 Total pages Schedule G:	2 FILER NAME HALDEN GRIFFI	171	3 Filer ID (Ethics Commission Filers)			
4 Date 3/16	5 Payee name UPTIMIZE DESIGN	LLC				
6 Amount (\$) 494.70 Reimbursement from political contributions intended	7 Payee address;	City; MANSFIELD T	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule PRINTING EXPENSE (c) Check if travel outside of Texas. Complete Schedule Texas.	. YARD SI	X, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
7/21	Payee name VISTAPRINT - CIMPRI	ESS COMPANY				
Amount (\$) 236.04 Reimbursement from political contributions intended	Payee address;	City; WALTIAM	State; ZIp Code MA 02451			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAR MA				
	Check if travel outside of Texas. Complete Schedule		TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held			
3 /2 6	Payee name UPTIMIZE DESIGN	Lic				
Amount (\$) 440 . 21 Refinbursement from political contributions intended	Payee address;	City; MANSFIELD T	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule PRINTING EXPENSE Check if travel outside of Texas. Complete Schedule	DOG HANDER	L + DESIGN			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	CX, officeholder living expense Office held			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDE	D			

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

						T		
	See	CTA Instruction	n Guide for detaile	d instructio	ns.	1 Total pages file	∌d:	
2	CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE	E USE ONLY	
	NAME	MR.	HALDE	EN	DAVID	Filer ID #		
	/		GRIFFIT	Fr		Date Received		
L		NICKNAME	LAST	10. Em	SUFFIX			
3	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE	1		
	MAILING ADDRESS			ESTU	1 8 // 1111	A		
	1			VILLA	HOE IN TOUR			
						Date Hand-delivered	or Postmarked	
4		AREA CODE	PHONE NUMBER		EXTENSION	Receipt#	Amount \$	
	PHONE							
						Date Processed		
5	HELD					Date Imaged		
	(if any)							
6	OFFICE SOUGHT (if known)	CITY	COUNCIL	-PLA	Œ 5			
7	- A1	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
,	TREASURER			~				
	NAME	Ma.	HAIDEN I	DAND	UKI	IFITH		
8	CAMPAIGN	STREET ADDRESS (NO	O PO BOX PLEASE); A	APT / SUITE #;	CITY; STATE;	ZIP CODE		
	TREASURER							
	STREET ADDRESS				WESTWORTH	TX 76	114	
((residence or business)				VILLAGE			
	esidendo el secolo,							
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION			
	TREASURER PHONE							
	FILORE							
10	CANDIDATE SIGNATURE							
	SIGNATURE	I am aware	of the Nepotisr	m Law, Ch	apter 573 of the Te	xas Governm	nent Code.	
	J					444		
	*	I am aware the Election	of my response Code.	ibility to file	e timely reports as	required by	title 15 of	
	J	Lam aware	of the restriction	!- +!+!^ !			recov angl	
	J	from corpor	rations and labo	ns in uue i vr organiza	15 of the Election C	ode on contr	ibutions	
	J	1/1/	Λ	on 1	dons.			
		Mad	lden of	illath	\	1/20/2	1	
		/	Signature of Candi	idate		Date Signed	d	
	GO TO PAGE 2							

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME						
12 MODIFIED REPORTING DECLARATION		TION ONLY IF YOU ARE IFIED REPORTING				
	•• This declaration must be filed the first election to which	no later than the 30th day before the declaration applies. ••				
	•• The modified reporting option is (An election cycle includes a primary election)	s valid for one election cycle only. •• ction, 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 make more than \$500 in political ex in connection with any future ele I understand that if either one of the required to file pre-election report.	penditures (excluding filing fees) ection within the election cycle. nose limits is exceeded, I will be				
	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
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**

D 1 1 1 250 C	. El . C 1	1.		OFFICE	USE ONLY
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.					Postmarked
1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER		POLI	ITICAL COMM	ITTEE
	1990	te, complete boxes 3 - age 2.	6, If filing	g for a political cor 7 and 8, then read	mmittee, complete
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.)	FIRST	1	MI	
(PLEASE TYPE OR PRINT)	MR.	HALDEN	1	DAVID	
HALDEN	NICKNAME	GRIFFIT	Н	SUFFIX (SR., JI	R., III, etc.)
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE	PHONE NUMBER	र	EXTENSION	
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX:	APT/SUITE#:	CITY: WESTNOF VILLAG	STATE:	76114
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	CITY CON	NUL -	PIACE	5	
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.)	FIRST		М	
,	NICKNAME	LAST		SUFFIX (SR., JF	R., III, etc.)
	GO ТС	PAGE 2			

P.O. Box 12070

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 untrammeled 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.
- I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks (2) on any candidate or the candidate's personal or family life.
- I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin. (3)
- I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I (4) use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system (5)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.
- I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, (6)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.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR M.R.	FIRST		DAVID	OFFICE	USEONLY
NAME		· · · · · · · · · · · · · · · · · · ·			Date Received	
	NICKNAME	GRIFFITH		SUFFIX		
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STA	TE; ZIP CODE		
OFFICEHOLDER MAILING ADDRESS			WESTNORTH VILLAGE	1 TX 76114		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION	Date Hand-delivered	d or Date Postmarked Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		DAVID	Receipt #	Amount \$
NAME					Date Processed	
	NICKNAME	GRIFFITH		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER			WESTM	ORTH	The	7/
ADDRESS			VILLA	GE	1 X	76114
(Residence or Business)	22 20					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION		
PHONE						
New President Control Mark Street Control	(011)	31 033				
9 REPORT TYPE	January 15	30th day before	election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before el	lection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED / THROUGH / /						
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other		
				Description		
	05/01/	21 General	Special	-		
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if known)	
A CONTRACTOR OF THE CONTRACTOR			CIT	4 COUNCIL .	- PLACE S	
14 NOTICE FROM	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS				
POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages						
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASUKER ADDRES	55		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 F	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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	Y \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	vear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	correct and includes all information
	Hallen Mil	lith
	Signature of Candida	nte or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		- Set 1
	15/9/20 1 Marco	day of,
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
Lateral Control	OR	
(2) Unsworn Declaration	n	
My name is HALDE	EN GRIFFITH, and my date of birth is	1
My address is	. WESTWOATH WURSE, TX	, 76114 , USA .
Executed in TARRAN	(street) (city) (state) County, State of TEXAS, on the day of APRIL (month)	(zip code) (country) , 20 <u>2-1</u> (year)
	Signature of Candidate/C	Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME HALDEN GRIFFITH 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2715.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1903.04
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

The	Instruction Guide explains h	ow to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME HALDEN GRIFFITH				3 Filer ID (Ethics Commission Filers)	
4 Date 5 Full name of contributor out-of-state PAC (ID#: CRAIG WAVE 6 Contributor address; City; State; Zip Code WESTWATH VILLAGE TX 76114				7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instruction	ns)	9 Empl	oyer (See Instruct	ions)
Date 3/31/21	Full name of contributor VACK RUBIN Contributor address;	out-of-state PA		Zip Code	Amount of contribution (\$)
		FORT WORTH	TX	76109	
Principal occup	oation / Job title (See Instruction	s)	Empl	oyer (See Instruct	ions)
Date	Full name of contributor DIANE PROVENZA	out-of-state PA			Amount of contribution (\$)
3/15/21	Contributor address;	City; WYLIE	State;	Zip Code 75098	500
Principal occup	pation / Job title (See Instruction	ns)	Empl	loyer (See Instruct	ions)
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
3/16/11	Contributor address;	City; FOR WASH	858100F1870	Zip Code 76116	250
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
				SCHEDIII E AS N	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The	Instruction Guide explains how	w to complete this	s form.	1 Total pages Schedule A1: 4
2 FILER NAME	HALDEN GRIFFIT	TH		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor GEN JOHNSON	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
3/18/21	6 Contributor address;	City: WESTWORTH VILLAGE	State; Zip Code	250
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor DOUGLAS ROPERS	- And Edward on Calebrane Park	C (ID#:)	Amount of contribution (\$)
3/18/21	Contributor address;	City	State; Zip Code TX 76114	200
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)	
Date	Full name of contributor TERESA GILL	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
3/21/21	Contributor address;	City; WESTWATH VILLAGE	State; Zip Code	500
Principal occup	pation / Job title (See Instructions))	Employer (See Instruc	ctions)
Date	Full name of contributor VENUTER LANDR	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/21/21	Contributor address;	MAKH	State: Zip Code	100
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
			,	
	ATTACH ADDI	TIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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

SCHEDULE A1

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

The state of the s					
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	5 Full name of contributor	7 Amount of contribution (\$)			
3/21/21	6 Contributor address; City: State; Zip Code	100			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)			
Date	Full name of contributor	Amount of contribution (\$)			
3/26/21	Contributor address; City; State; Zip Code FORT WRIH TX 76147	200			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
3/27/21	Contributor address; City; State; Zip Code	250			
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)			
Date	Full name of contributor	Amount of contribution (\$)			
3/30/21	Contributor address: City: State: Zip Code FORT TX 76107 APT. 217	20			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		*			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The	Instruction Guide explains how	1 Total pages Schedule A1:				
2 FILER NAME	HALDEN GRIFFIT	Н		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor ELIZABETH MESCH	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)		
3/15/21	6 Contributor address;	City: FORT WORTH	State; Zip Code	250		
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)		
Date	Full name of contributor DAVID GREETH	out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
3/15/21	Contributor address;	City; FORT IMPTH	State; Zip Code	55		
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	cions)		
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)		
3/15/21	Contributor address;	City;	State; Zip Code	100		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code	``		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
			8			
				10		
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Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE G

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)		
Accounting/Banking Fees Of Consulting Expense Food/Beverage Expense Procontributions/Donations Made By Gift/Awards/Memorials Expense Pri		in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense ating Expense aries/Wages/ContractLabor w to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G: 2 FILER NAME HALDEN GRIFFITH		4	3 Filer ID (Ethics	Commission Filers)
4 Date 2/24	5 Payee name Go DODDY OPERATING CON	norm, LLC		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended		SCOTTSDAKE	-	85260
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	e) (b) Description		
OF EXPENDITURE	ADVERTISING EXPENSE	(CAMPAK	ON WEBSITE	/EMAIL)
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 2/24 /21	Payee name UPTIMIZE DESIGN L	LC		
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended		MANSFIELD	TX	76063
PURPOSE	Category (See Categories listed at the top of this schedul	e) Description		
OF EXPENDITURE	PRINTING EXPENSE	YARD SIBNS	4 DESIGN	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
3/15	BRENDA GRIFFITH			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended		FORT WORTH	TX	76109
PURPOSE	Category (See Categories listed at the top of this schedule	e) Description		
OF EXPENDITURE	ADVERTISING EXPENSE	SHIRTS	•	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held

expenditure to benefit C/OH

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SCHEDULE G

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

	EXPENDITURE CAT	TEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Italians how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME HALDEN GR	RIFFITT	3 Filer ID (Ethics Commission Filers)
4 Date 3/16	5 Payee name UATIMIZE DESIG	SN LLC	
6 Amount (\$) 494.70 Reimbursement from political contributions intended	7 Payee address;	MUSFIELD	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the PRINTING EXPENSE	, YAPD S	IBNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
7/21	Payee name VISTAPRINT - (LIMPRESS COMPANY	
Amount (\$) 236.04 Reimbursement from political contributions intended	Payee address;	city; WALTHAM	State; Zip Code MA 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the ADVERTISING EXPENSION Check if travel outside of Texas. Complete	SE CAR M	ABNET
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
3 /2 6	Payee name UPTIMIZE DESI	3N LLC	
Amount (\$) 440 . 21 Reimbursement from political contributions intended	Payee address;	City; . MANSFIELD	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the PRINTING EXPENSE Check if travel outside of Texas. Complete	FOLMATI SOLD	R + DESIGN
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
forms provided by Tayar 5		OF THIS SCHEDULE AS NEEDE	ED
orms provided by Texas Eth	IICS Commission	nion otate to	