Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT# (Ethics Commission filers)

2 Total pages filed: 19

OFFICE USE ONLY

Date Received: RECEIVED JUL 15 2005 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE/ OFFICEHOLDER NAME

TITLE: MR. FIRST: MICHAEL MI: J.

NICKNAME: "GRIFF" LAST: GRIFFIN SUFFIX:

4 CANDIDATE/ OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5327WYNDING WAY, HOUSTON, TX. 77009

5 CAMPAIGN TREASURER NAME

TITLE: MR FIRST: CHRISTopher MI: C

NICKNAME: CHRIS LAST: PAPPAS SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1401 McKinney St 2700 Houston Texas 77010

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 425-7401 EXTENSION:

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year / / THROUGH Month Day Year 7 / 14 / 2005

10 ELECTION

ELECTION DATE: Month Day Year 04 / 01 / 2005

ELECTION TYPE: ☒ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): CITY COUNCIL @ large POSITION 1

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME MICHAEL J. GRIFFIN	15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

-- This listing includes political expenditures 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

☐ GENERAL

☐ SPECIFIC

☐ additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$11,220
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$7191.06
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 9200.00

Carry over from past campaign

19 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.

KIMBERLI DEVON BANE
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
SEPT. 3, 2008

Michael J. Griffin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael J. Griffin, this the 15 day [illegible] 20 05 to certify which, witness my hand and seal of office. [illegible]

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 8

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4-12-05	Christopher C. Puppas [redacted] Houston Texas 77010	1,000.00 ch	ch

10 Principal occupation (optional) / 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	Thomas J. Horan [redacted] Houston Texas 77046	100.00 ch	ch

Principal occupation (optional) / Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	Peggy + Tommy Goldman [redacted] Houston Texas 77009	100.00 ch	ch

Principal occupation (optional) / Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	Mary Lopez [redacted] League City Tex 77573	300.00 ch	ch

Principal occupation (optional) / Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	Richard E. McGinty [redacted] Houston Tex 77017	100.00 ch	ch

Principal occupation (optional) / Employer (optional) 1600

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

Printed on recycled paper

Revised 11/11/1999

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 8

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4-12-05	J. Sidney Lenoir ☐ out-of-state PAC [redacted] Houston Tx 77064	100.00 CK	ch

10 Principal occupation (optional)

11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-04	George Abbey ☐ out-of-state PAC [redacted] Houston Texas 77056	100.00 ck	ch

Principal occupation (optional)

Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	Katherine Lay ☐ out-of-state PAC [redacted] Houston Texas 77009	50.00 ch	ch

Principal occupation (optional)

Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	Julian Tribe ☐ out-of-state PAC [redacted] Houston Tex 77079	200.00 ch	ch

Principal occupation (optional)

Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	John R. Duffey ☐ out-of-state PAC [redacted] Houston Tex 77006	500.00 ch	ch

Principal occupation (optional)

Employer (optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

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1 Total pages this Schedule B1: 8

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4-12-05	Dan J. Jordan [redacted] Houston Texas 77006	100.00 Check	ch
10 Principal occupation (optional)	11 Employer (optional)		

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-12-05	Gus R. Kupijapa [redacted] Galena Park Tx	25.00 Check	ch
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-18-05	Lisa Schuster [redacted] Houston Texas 77006	1000.00 ch	ch
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5-20-05	Thomas Hoar [redacted]gh Houston Texas 77050	30.00 ch	ch
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-18-05	Mark hanford [redacted] Creek Houston Tx 77059	50.00 ch	ch
Principal occupation (optional)	Employer (optional) 12-05		

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

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1 Total pages this Schedule B1: 8

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers):

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
6-1-05	Charles Polland ☐ out-of-state PAC [redacted] Houston Tex 77345	100.00 ck	ck

10 Principal occupation (optional):

11 Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-13-05	Richard Schissler ☐ out-of-state PAC [redacted] Houston Texas	250.00 ck	ck

Principal occupation (optional):

Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-1-05	James V. Hewitt ☐ out-of-state PAC [redacted] Houston Tex 77057	250.00 ck	ck

Principal occupation (optional):

Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-11-05	Sandra Ledwell ☐ out-of-state PAC [redacted] Houston Tx 77077	50.00 ck	ck

Principal occupation (optional):

Employer (optional):

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-1-05	David Bryan ☐ out-of-state PAC [redacted] Houston Tx 77346	250.00 ck	ck

Principal occupation (optional):

Employer (optional): 900

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 8

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
6-1-05	Bob Bacon [redacted] Houston Texas 77006	100.00 ch	ch

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-1-05	Carol Lavender [redacted] Houston Texas	100.00 ch	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-1-05	Elizabeth Crowley [redacted] Boston Ma 02114	40.00 Cash	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-1-05	V. O. Duncantell [redacted] Houston Texas 77087	100.00 Cash	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-1-05	George Tonhumas	100.00 Cash	ch

Principal occupation (optional) | Employer (optional) L/40

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 8

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
6-15-05	Ellen Bauch [redacted] Houston Tx 77057	400.00 ch	ch

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-25-05	E. Jean S. Mason [redacted] Houston Tex 77059	25.00 ch	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5-24-05	Laura Ann Mullen [redacted] Houston Texas 77096	50.00 ch.	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5-25-05	Dr. Jacqueline Fleming [redacted] Pearland Tex 77584	50.00 ch	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
5-25-05	Tom McClennan [redacted] Houston Texas 77007	100.00 ch	ch

Principal occupation (optional) | Employer (optional) 1-25

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 8

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
6-22-05	Robert J. Downs [redacted] Houston Texas	100.00 (ck)	ck

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-8-05	William Bruchner [redacted] Houston Texas 77024	1,000.00	ck

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-30-05	Birmah Jean Heurns [redacted] Houston Tex 77024	100.00	ck

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-30-05	Larry Bertstum	100.00 Cash	ck

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
6-30-05	James Neal	200.00 ck	ck

Principal occupation (optional) | Employer (optional)

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 8

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
7-1-05	Christopher Pappas [redacted] Houston Tex 77010		1,000.00

10 Principal occupation (optional) | 11 Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
7-11-05	Christopher Pappas [redacted] Houston Texas 77010		3,000.00

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional) | Employer (optional)

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Michael J. Griffin "Griff"

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
March 05 April 05 Thru May 10 th 05	Michael Griffin [redacted] 77009 Breakfasts Meetings With Bacons Group 532 Wyndy Way 77009	200.00 ☐
Date after May 12	Payee name: Michael Griffin Payee address; City; State; Zip Code: [redacted] 77009 Purpose of expenditure (See instructions regarding type of information required.): Lunch & Breakfast Meetings	Amount ($): 200.00 ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $9,200.00

5 Date of loan: Last Election

7 Name of lender: Michael Griffin ☐ out-of-state PAC

9 Loan Amount ($): 9200.00

6 Is lender a financial institution? Y (N)

8 Lender address; City; State; Zip Code: Carry over from Past Final Report Campaigns - ~~not made~~

10 Interest rate: None

11 Maturity date

12 Description of Collateral: None ☐ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Name of lender ☐ out-of-state PAC

Loan Amount ($)

Is lender a financial institution? Y N

Lender address; City; State; ZipCode

Interest rate

Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	Amount ($)
4-18-05	Ralph Garcia (Sema Graphic) 12723 Sky Knoll	120.00

8 Purpose of expenditure (See instructions regarding type of information required.): Signs & Printing

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Michael Griffin; Office sought / held: Position one Councilman at Large

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-18-05	Badge + Buttons 2222 Bellefontaine Houston Texas 77030	76.00

Purpose of expenditure (See instructions regarding type of information required.): Badges for Campaign Workers

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Michael Griffin - Position 1 - Councilman at Large; Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-18-05	U.S. Team 7333 Ashcroft Houston Texas 77081	73.00

Purpose of expenditure (See instructions regarding type of information required.): T. Shirts for Workers

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Michael Griffin - Position 1 Councilman at Large; Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-18-05	Badge + Buttons 2222 Bellefontaine Houston Texas 77030	108.25

Purpose of expenditure (See instructions regarding type of information required.): Campaign Badges

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Michael J. Griffin; Office sought / held: Position 1 - Councilman at Large

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-13-05	Jorge Marquez	180.00

8 Purpose of expenditure (See instructions regarding type of information required.): Campaign Advertizing Signs

9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-24-05	Ralph Gurzin 2812 Leeland Houston Texas 77003	500.00

Purpose of expenditure (See instructions regarding type of information required.): Political Consultant

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-30-05	Walgreens Westheimer St.	31.67

Purpose of expenditure (See instructions regarding type of information required.): Drinks for Westheimer Festival Workers

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-29-05	CNB - Campaign Bank Acct P.O. Box 999 Bellaire TX 77042	7.44

Purpose of expenditure (See instructions regarding type of information required.): Statement Printing Service Charge

** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name — Office sought / held

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Revised 11/12/99

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-25-05	Senna Graphic 12723 SKyKnoll	57.00

8 Purpose of expenditure (See instructions regarding type of information required.): Campain Signs

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-23-05	Senna Graphics 12723 SKyKnoll	748.00

Purpose of expenditure (See instructions regarding type of information required.): Billboards

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-8-05	Lulac Lulac Parade Downtown	125.00

Purpose of expenditure (See instructions regarding type of information required.): Parade Entry

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-4-05	Paul Bettencort 1001 Preston St. Room 200 Houston Tex 77002	20.00

Purpose of expenditure (See instructions regarding type of information required.): City Map

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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Revised 11/12/98

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME: Michael J. Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-9-05	Ralph Garza - Afar Concepts 2810 Leeland Houston Texas 77003	340.00

8 Purpose of expenditure (See instructions regarding type of information required.): Postcards, Graphics - Workers (2 days) @ 50.00

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-9-05	Ns Media 2118 Atotha Loma 77081 Postcards Campaign Liter.	243.00

Purpose of expenditure (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-12-05	Krogers 3300 Montrose Blvd Houston Texas	24.70

Purpose of expenditure (See instructions regarding type of information required.): Drinks for Campaign Party

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-11-05	Houston Highland Games Assoc Bear Creek Park Convention Cente	200.00

Purpose of expenditure (See instructions regarding type of information required.): Festival Booth Campaign Literature

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-15-05	SCA	17.00

8 Purpose of expenditure (See instructions regarding type of information required.): Political Meeting

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-8-05	Express Auto Impr. Service Use of Property for Sign on 45 - Political Sign	100.00

Purpose of expenditure (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-2-05	Harris County Clerk Court House Houston Texas	16.00

Purpose of expenditure (See instructions regarding type of information required.): Fees for Political Reasons

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-8-05	R.F. Tree Service	275.00

Purpose of expenditure (See instructions regarding type of information required.): Cutting Trees Blocking Sign on 45 Freeway

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

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POLITICAL EXPENDITURES

SCHEDULE F

9

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-27-05	Ralph Garcia 2812 Leeland Houston Texas 77003	100.00

8 Purpose of expenditure (See instructions regarding type of information required.): Political Exp incurred by Mr. Garcia

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2-1-05	Ralph Garcia 2812 Leeland Houston Texas 77003	1,000.00

Purpose of expenditure (See instructions regarding type of information required.): Consultant Fee

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-14-05	Zack McWilliams 14210 Kimberly #219 Houston Texas 77009	750.00

Purpose of expenditure (See instructions regarding type of information required.): Building Web Site

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-12-05	R.X. Media 2118 Alotha Loma Houston Texas 77081	725.00

Purpose of expenditure (See instructions regarding type of information required.): 10,000 Flyers

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

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1 Total pages Schedule F:

2 FILER NAME: Michael Griffing

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-9-05	Black Heritage Com 2900 Woodridge Suite 3H Houston Texas 77087	300.00

8 Purpose of expenditure (See instructions regarding type of information required.): Booth at Black Heritage Festival

9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-12-05	Griffs Inn Rosedale	690.00

Purpose of expenditure (See instructions regarding type of information required.): Kickoff Campaign Party

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure (See instructions regarding type of information required.):

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name: Office sought / held:

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