ORIGINAL

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: 11 Pages

OFFICE USE ONLY

Date Received: RECEIVED OCT 2 2005 CITY SECRETARY

Date Hand Delivered or Date Postmarked

Receipt # 6 Amount 8

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Mr. FIRST: Michael MI: J

NICKNAME: "Griff" LAST: Greffin SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] 27 Winding Way APT / SUITE #: CITY: Houston STATE: Texas ZIP CODE: 77009

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Christopher MI:

NICKNAME: "Chris" LAST: Pappas SUFFIX: Mr.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1401 McKinney APT / SUITE #: Suite 2700 CITY: Houston STATE: Texas ZIP CODE: 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: 10/1/05 THROUGH Month Day Year: 10/29/05

10 ELECTION

ELECTION DATE Month Day Year: 11/8/05

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Council at Large

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 use)

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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

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)	$8450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$5198.13
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$19000.00

9,000 Carry over from Prev. 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.

ROBYN R. FINNEY
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
AUG. 4, 2009

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL GRIFFIN, this the 31ST day of OCTOBER, 20 05, 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
Robyn R Finney	ROBYN R FINNEY	NOTARY PUBLIC

Printed on recycled paper

Revised 11/16/1999

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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: 3

2 FILER NAME: Michael Griffin "Griff"

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor / Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
9-28-05	Dave F. Gordon ☐ out-of-state PAC [redacted] Houston Tex 77025	200.00	ok

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)
10-5-05	Jean S. Mason ☐ out-of-state PAC [redacted] Houston Tex 77059	60.00	ok

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10-5-05	Lorna Onizuka ☐ out-of-state PAC [redacted] 77062	100.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10-5-05	Kevin Mellott ☐ out-of-state PAC [redacted] Houston Tex 77058	250.00	ok

Principal occupation (optional) | Employer (optional)

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

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:

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out-of-state PAC	8 Amount of pledge ($)	9 In-kind description (if applicable)
10-26-05	Margaret Tripp [redacted] Houston Texas 77077		100.00	ch

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

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out-of-state PAC	Amount of pledge ($)	In-kind description (if applicable)
10-29-05	Bruce Weltman [redacted]		200.00	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out-of-state PAC	Amount of pledge ($)	In-kind description (if applicable)
10-29-05	John D. Edinburgh		100.00	ch

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	☐ out-of-state PAC	Amount of pledge ($)	In-kind description (if applicable)
10-29-05	R.X. Media Billboards		5,000.00	

Principal occupation (optional): Billboards Donation | Employer (optional)

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

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:

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)
10-5-05	Estellar H. Gillette ☐ out-of-state PAC [redacted] 77057	100.00	ok

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)
10-5-05	Gloria Salinas ☐ out-of-state PAC [redacted] Leagueville Tex	100.00	ok

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10-4-05	Leo Rudd Jr. ☐ out-of-state PAC [redacted] Houston Tex 77006	100.00	(ok)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10-4-05	Nancy G. Robertson ☐ out-of-state PAC [redacted] Houston Texas 77062	100.00	(ok)

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
10-8-05	Pleas Dayer ☐ out-of-state PAC [redacted]	2000.00	ok

Principal occupation (optional) | Employer (optional)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-19-05	American Red Cross [redacted]	135.00

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

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 ($)
9-16-05	Javad Woodfill	50.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-16-05	Zoe McWilliams	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-7-05	Kingwood Chamber Kingwood Texas	20.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Michael Griffin "Griff"

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-16-05	ACA 1661 Lamview Houston TX 77080	281.45

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

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 ($)
9-16-05	Royal Carriage Lim	598.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-9-05	Sal Thomas	500.00

Purpose of expenditure (See instructions regarding type of information required.): Consultancy 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 ($)
9-9-05	N.X. Medina	243.38

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-25-05	Boy Rooden	450.00

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

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 ($)
10-25-05	Joe Siloie	100.00

Purpose of expenditure (See instructions regarding type of information required.): Media - Disk Jockey

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-25-05	Hugh Morrison	300.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-25-05	Griffin Inn 3416 Rosalake	100.00

Purpose of expenditure (See instructions regarding type of information required.): Food for Pol. Party

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10-13-05	A. Badge v Bulton 2222 Bellefontaine 77030	32.48

8 Purpose of expenditure (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Badges		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-14-05	ACA 1661 Elmview	142.80

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
T. Shirts		

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-1-05	Acres Home Chamber Acres Home	50.00

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 ($)
9-12-05	Barber Street Bar & Grill	14.50

Purpose of expenditure (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office sought / held
Campaign		

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-19-05	Barbara Jordan P.O.	12.74

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

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 ($)
9-19-05	Home Plate Bar & Grill	23.08

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-19-05	Vic & Anthony's	52.00

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

** 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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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME: Michael Griffin "Griff"

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9-9-05	Bert Levin	500.00

8 Purpose of expenditure (See instructions regarding type of information required.): Consulting Fee Media

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 ($)
9-9-05	St. Patty is Irish open	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-9-05	Sacred Heart Printing	704.08

Purpose of expenditure (See instructions regarding type of information required.): Campaign Material + Donation

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10-25-04	KTSW	100.00

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

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

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