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:

OFFICE USE ONLY

Date Received: RECEIVED JUL 16 2001 CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Michael | MI

NICKNAME: Griff | LAST: Griffin | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

3218 Suffolk Dr

Houston Texas 77027

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Birmah Jean | MI

NICKNAME: Jeannie | LAST: Kearns | SUFFIX: Ms

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

6914 Northampton Houston Texas 77005

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 681-5770 | 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

10 ELECTION

ELECTION DATE: Month / Day / Year

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Council at Large

12 OFFICE SOUGHT (if known): Position 4

13 NOTICE OF 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

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Michael "Griff" Griffin

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of 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
☐ additional pages	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)	$4110.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$None
	4. TOTAL POLITICAL EXPENDITURES	$1,521.28
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD carry over from Past Campaign	$ 8,000.00

19 AFFIDAVIT

DEANNA STANER
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
AUG. 21, 2002

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.

Michael Griff Griffin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael "Griff" Griffin, this the 15 day of July, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1

2 FILER NAME: Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6-15-01	Terry Shaw-Instant P.O. Box 590 - Houston Texas 77001	$1,000.00	Use of Sign Property

9 Principal occupation (Optional)	10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional)	Employer (Optional)

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 5

2 FILER NAME: Michael Griffin (Griff)

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)
4-30-9	Frank Chisell Sr. [redacted] 77027	250.00	

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)
4-10-9	Segar's Restaurant [redacted] 77007	1300.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-9	Cash Contributions	$ 1,135.00	

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)

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 5

2 FILER NAME: Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4-30-01	Joune Haulick [redacted] Houston Tex 77272	25.00	

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

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Annette Henry [redacted] Houston Tex 77055	50.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Christopher Criner [redacted] 77098	25.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Tracey Business Service [redacted] 77292	25.00	

Principal occupation (optional) | Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Sherry LeBlanc [redacted] Porter Tex 77265		

Principal occupation (optional) | Employer (optional)

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 3

2 FILER NAME: Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor, ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4-30-01	Katherine C. Lay [redacted] Houston Tex 77009	50.00	
10 Principal occupation (optional)	11 Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Vicki Buckelew [redacted] Houston Texas 77073	50.00	
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Harold Wiesenthal [redacted] 77008	50.00	
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Kathy Grissin [redacted] 77098	50.00	
Principal occupation (optional)	Employer (optional)		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	John A. Morris [redacted] Houston Texas 77256	50.00	
Principal occupation (optional)	Employer (optional)		

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 5

2 FILER NAME: Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4-30-01	Terry Tyler Service [redacted] 77027	50.00	
10 Principal occupation (optional)	**11 Employer (optional)**		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Christopher Crimen [redacted] 77098	25.00	
Principal occupation (optional)	**Employer (optional)**		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Mark S. Walker [redacted] Houston Texas 77056	50.00	
Principal occupation (optional)	**Employer (optional)**		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Linda R. Kruenke [redacted] Houston Texas 77270	50.00	
Principal occupation (optional)	**Employer (optional)**		

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Michael E. Vowell [redacted] Houston Texas 77092	75.00	
Principal occupation (optional)	**Employer (optional)**		

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

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 3

2 FILER NAME: Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

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

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) / 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
4-30-01	Advanced Creative Advertiz [redacted] Houston Texas 77081	$100.00	

10 Principal occupation (optional)	11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Mr. John R. Duffy [redacted] Houston Texas 77006	$200.00	

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	James B. Neal [redacted] Houston Texas 77074	$500.00	

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Mr. Jamey Dercy [redacted] Houston Texas 77063	$100.00	

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) / Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)
4-30-01	Dan Van Rheen [redacted] Houston Tex 77055	$100.00	

Principal occupation (optional)	Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor 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

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $8,000.00

5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#:) Left over from Past Campaign	9 Loan Amount ($)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral ☐ none

13 GUARANTOR INFORMATION ☐ not applicable	14 Name of guarantor	16 Amount Guaranteed ($)
	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender ☐ out-of-state PAC (ID#:)	Loan Amount ($)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral ☐ none

GUARANTOR INFORMATION ☐ not applicable	Name of guarantor	Amount Guaranteed ($)
	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-31-01	Everett Wehling 9315 Intervale Houston Texas 77025	350.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Paint + Supplies for Large Sign	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-31-01	A Badge + Button Comp 908 W. Alabama Houston Texas 77006	324.75

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-13-01	A Badge + Button Comp 908 W. alabama Houston Texas 7006	400.53

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-10-01	Everett Wehling 9315 Intervale Houston Texas 77025	450.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	8 Amount ($)
	7 Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Purpose of expenditure (See instructions regarding type of information required.)	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME Michael 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 ($)
	None	
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)
Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: 1

2 FILER NAME Michael "Griff" Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name / 6 Payor address; City; State; Zip Code / 7 Reason for credit	8 Amount ($)
	None	

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

Date	Payor name / Payor address; City; State; Zip Code / Reason for credit	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Griffin Michael "Griff"

15 ACCOUNT # (Ethics Commission Use)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of 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)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

_____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

_____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath