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: 17 Pages

OFFICE USE ONLY

Date Received: RECEIVED OCT 10 2005 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE/ OFFICEHOLDER NAME

TITLE: Mr. FIRST: Michael MI: Joseph

NICKNAME: "Griff LAST: Griffin SUFFIX:

4 CANDIDATE/ OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 5327 Winding Way APT / SUITE #: CITY: Houston STATE: Texas ZIP CODE: 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): 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: 7/16/05 THROUGH Month Day Year: 10/1/05

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 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

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

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

COMMITTEE NAME

COMMITTEE ADDRESS

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	$156.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 9200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$5822.81
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$19,000.00

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.

GINNY STONESTREET
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES
JAN. 6, 2007

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL J. GRIFFIN, this the 10 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
Ginny Stonestreet	GINNY STONESTREET	NOTARY PUBLIC

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: 17 Pages

2 FILER NAME: Michael J. 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)
7-28-05	John T. McCoppin ☐ out-of-state PAC [redacted] Houston Texas 77005	100.00	(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)
7-20-05	August Lander ☐ out-of-state PAC [redacted] Houston Texas 77006	250.00	250.00 (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)
8-17-05	James T. Downes ☐ out-of-state PAC [redacted] Houston Texas 77005	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)
8-11-05	Martha Pierantt ☐ out-of-state PAC [redacted] Houston Texas	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)
8-17-05	Gus Kanakis ☐ out-of-state PAC [redacted] Houston Texas	100.00	(ck)

Principal occupation (optional) | Employer (optional)

1/5 656.00

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 17 Pages

2 FILER NAME: Michael J. 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)
8-17-05	Ellen Hamilton Baugh [redacted] Houston Texas 77057		50.00	(ck)

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)
8-17-05	Linda Dunne [redacted] Alvin Texas 77512		50.00	ck

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)
8-17-05	Thomas Hoar [redacted] Katy Texas 77450		50.00	(ck)

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)
8-17-05	J. M. P. Archer [redacted] Houston Texas 77017		200.00	(ck)

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)
8-17-05	Olivier Duncantell [redacted] Houston Texas 77083		100.00	ck

Principal occupation (optional) | Employer (optional)

450

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

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1 Total pages this Schedule B1: 17 Page

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)
8-17-05	Donald Huey ☐ out-of-state PAC [redacted] [redacted] [redacted] 77045	50.00	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)
8-17-05	Anna M. Vallone ☐ out-of-state PAC [redacted] [redacted]	200.00	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)
8-17-05	Robert A. Nichelson ☐ out-of-state PAC [redacted] [redacted] 77055	~~25.00~~ 25.00	(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)
8-17-05	Jamie Dee Williams ☐ out-of-state PAC [redacted] [redacted] 77009	250.00	(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)
8-17-05	John Lannon ☐ out-of-state PAC [redacted] [redacted] 77005	100.00	(ck)

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: 17 Pages

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)
8-17-05	J.A. Ainsworth ☐ out-of-state PAC [redacted] [redacted] Houston Texas 77023	100.00	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)
8-17-05	Barbara Blair ☐ out-of-state PAC [redacted] [redacted] Houston Texas 77063	250.00	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)
8-17-05	Jay Kaplan ☐ out-of-state PAC [redacted] Houston Texas 77005	500.00	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)
8-17-05	Amy Taylor ☐ out-of-state PAC [redacted] Houston Texas 77006	500.00	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)
8-17-05	Lew Mills ☐ out-of-state PAC [redacted] [redacted] Houston Texas 77027	500.00	ck

Principal occupation (optional) | Employer (optional)

1625

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PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH & SPAC)

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1 Total pages this Schedule B1: 17 Pages

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)
8-19-05	Charles Dunn ☐ out-of-state PAC [redacted] Houston Texas 77008	500.00	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)
8-5-05	R. Patricia Cook ☐ out-of-state PAC [redacted] 77024	50.00	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)
7-28-05	John T. McCupplin ☐ out-of-state PAC [redacted] Houston Texas 7705	100.00	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)
8-15-05	M. Harrington ☐ out-of-state PAC [redacted] Houston Texas 77024	100.00	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)
8-7-05	Mary Jane Curnel ☐ out-of-state PAC [redacted] Houston Texas 77008	100.00	ch

Principal occupation (optional) | Employer (optional)

850

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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: 17 Pages

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)
8-29-05	F. Gordon Boyle ☐ out-of-state PAC [redacted] Hamah Tex 77565	500.00	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)
8-21-05	Jane L. Williams ☐ out-of-state PAC [redacted] Houston Texas 77586	1000.00	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)
8-19-05	John Kilpatrick ☐ out-of-state PAC [redacted] Houston Texas 77006	100.00	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)
8-16-05	Charles Covert ☐ out-of-state PAC [redacted] Houston Texas 77057	100.00	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)
8-13-05	Jerry Hoover ☐ out-of-state PAC [redacted] Houston Texas 77027	50.00	ch

Principal occupation (optional) | Employer (optional)

1850

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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: 17 Pages

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)
8-11-05	John Duffey [redacted] Houston Texas 77006 (☐ out-of-state PAC)	500.00	(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)
9-10-05	Beck & Crowder [redacted] Houston Texas 77098 (☐ out-of-state PAC)	200.00	(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)
9-2-05	Patrick Michael Hearon [redacted] 77025 (☐ out-of-state PAC)	100.00	(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)
9-1-05	Tom Ryan Jr (☐ out-of-state PAC)	3000.00	$3000.00 (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)
8-22-05	Contributor Unknown (☐ out-of-state PAC)	~~400~~ 1120	Cash

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 17 Pages

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 Amount ($)
8-14-05	Jack McWilton	750.00

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

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 ($)
8-14-05	Heritage Center [redacted]	300.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-25-05	A Star Concepts	2,555.00

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

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

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

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: 17 Pages

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 Amount ($)
7-15-05	Houston Heights Festival Heights Festival Association 14th 77008	125.00

8 Purpose of expenditure (See instructions regarding type of information required.): Political Booth at 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 ($)
7-1-05	Walgreens	38.67

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-15-05	Sears Port. Studio	48.67

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-19-05	Ellen Baugh	100.00

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

-- 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: 17 Pages

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8-20-05	East End Chamber	50.00

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

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 ($)
8-18-05	Reception for Campaign Fund Raiser	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-22-05	Knights of Columbus Reception	52.00

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 ($)
8-22-05	A Badge + Button 2222 Bellefonte Houston 77030	97.43

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

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

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Revised 11/12/99

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: 4 Pages

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8-30-05	Kingwood chamber of Commerce Kingwood Texas	300.00

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

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 ($)
9-1-05	Kathy Griffin	150.00

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

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

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

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9-5-05	Semnographics	150.00

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 Pages

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 Amount ($)
8-4-05	ACA	767.49

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

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 ($)
8-11-05	Bert Levane	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8-15-05	A.Gur. Concepts	3,000.00

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

-- 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

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: 19 Pages

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 Amount ($)
8-25-05	Sprint Digitalo	5431.35

8 Purpose of expenditure (See instructions regarding type of information required.): Photoes for Signs + 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 ($)
7-25-05	Burt Levine	2706

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

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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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: 17 Pages

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7-1-05	Nx Media	784.81

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

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 ($)
7-7-05	Michael Dowel	595.36

Purpose of expenditure (See instructions regarding type of information required.): Media 5N Flyers

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7-1-05	Bert Levine	400.00

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

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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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 17 Pages

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 8-22-05

6 Is lender a financial institution? Y N

7 Name of lender: CNB Bank ☐ out-of-state PAC

8 Lender address; City; State; Zip Code: P.O. Box 999 Houston Texas 77420

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☑ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor: Christopher Puppos

15 Guarantor address; City; State; Zip Code: 1401 McKinney #2700

16 Amount Guaranteed ($): 10,000.00

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.

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME: Michael Griffin

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan: 8-20-05

6 Is lender a financial institution? Y N

7 Name of lender: CNB Bank ☐ out-of-state PAC

8 Lender address; City; State; Zip Code: P.O. Box 999 Bellaire Texas 77402

9 Loan Amount ($)

10 Interest rate

11 Maturity date

12 Description of Collateral ☑ none

13 GUARANTOR INFORMATION ☐ not applicable

14 Name of guarantor: Christopher Puppus

15 Guarantor address; City; State; Zip Code: 1401 McKinney #2700

16 Amount Guaranteed ($): 10,000.00

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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Revised 11/11/1999