

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission file)

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

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

\$ 262.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$4,875.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

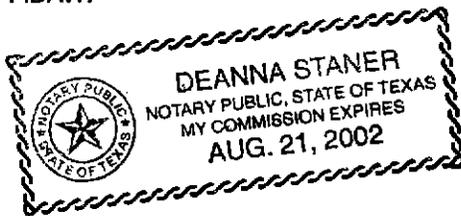
\$1105.00

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$8,000.00 *From Gold 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gritt Brittin, this the 9th day of October, 2001, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Deanna Staner
Printed name of officer administering oath

Notary
Title of officer administering oath

PLEGGED 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: **(1)**

2 FILER NAME

Michael G. Griffin

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

9-28-01

Hoeq, Don

Pledgor address: [REDACTED]

Houston Texas 77045

175.00

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

9-5-01

Mike Wallace

Pledgor address; City; State; Zip Code

100.00

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

9-28-01

Mary Lee

Pledgor address; City; State; Zip Code

100.00

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

9-28-01

Shaw, Terry

Pledgor address; City; State; Zip Code

Donation

4,000.00

Principal occupation (optional)

Employer (optional)

Sign on Gulf Freeway

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

9-5-01

Scott Peterson

Pledgor address; City; State; Zip Code

1000 Yd Sign

500.00

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME Griffin Michael

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>9-28-01</u>	5 Payee name <u>Senna Graphics</u>	7 Amount (\$) <u>25.00</u>
6 Payee address; City; State; Zip Code <u>12723 Skynoll Houston Texas</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>2 Coroplast Signs</u>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <u>9-14-01</u>	Payee name <u>Senna Graphics</u>	Amount (\$) <u>100.00</u>
Payee address; City; State; Zip Code <u>12723 Skynoll Houston Texas 77082</u>		

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
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Date <u>8-27-01</u>	Payee name <u>Houston Heights Assoc.</u>	Amount (\$) <u>100.00</u>
Payee address; City; State; Zip Code <u>Heights Festival</u>		

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

Date <u>8-9-01</u>	Payee name <u>Kinkor</u>	Amount (\$) <u>120.00</u>
Payee address; City; State; Zip Code		

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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: (2)
2 FILER NAME Michael Griffin (Grif)		3 ACCOUNT # (Ethics Commission filers)
4 Date 9-29-01	5 Payee name Shaw, Terry	7 Amount (\$) 4000.00
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) Sign on Gulf Freeway		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9-5-01	Payee name Peterson, Scott	Amount (\$) 500.00
Payee address; City; State; Zip Code 1000 Yd Sign		
Purpose of payment (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
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	Amount (\$)
Payee address; City; State; Zip Code		
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

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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 Griffin Michael		3 ACCOUNT # (Ethics Commission files)
4 Date 9-29-01	5 Payee name Griffin, Dawn	8 Amount (\$) 260.00
6 Payee address; City; State; Zip Code		
7 Purpose of expenditure (See instructions regarding type of information required.) Campaign Party		<input type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> 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.)		<input type="checkbox"/> Reimbursement from political contributions intended

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