

# 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 files)

2 Total pages filed.

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE  
Candidate  
FIRST Michael  
MI  
NICKNAME  
"GRIFF"  
LAST GRIFFIN  
SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
3218 Suffolk Dr Hou TX 77027

Change of Address



5 CAMPAIGN  
TREASURER  
NAME

TITLE  
Campaign  
Treasurer  
FIRST Jenna  
MI  
NICKNAME  
LAST Keams  
SUFFIX

Receipt #

HD / PM

Amount

Date Processed

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

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

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713) 681-5170

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  
/ / THROUGH Jan / 15 / 2002

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
Nov / 2001  Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)

NONE

12 OFFICE SOUGHT (if known) Houston City Council at Large Pos 4

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

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission files)

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

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

\$ 0

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

\$ 0

EXPENDITURE  
TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

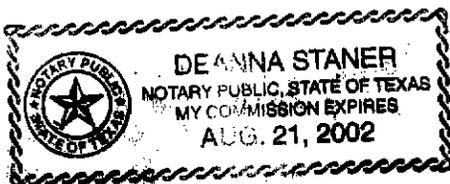
\$144.46

OUTSTANDING  
LOAN TOTALS

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

\$9,000.00

19 AFFIDAVIT



I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Michael D. [Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Deanna Staner this the 14th day of Jan 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address. City. State. Zip Code

9 Principal occupation

10 Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address. City. State. Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address. City. State. Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address. City. State. Zip Code

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address. City. State. Zip Code

Principal occupation

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.**

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule B.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES:      ⇐      ⇐      ⇐      ⇐      ⇐      ⇐      ⇐

\$

5 Date

6 Full name of pledgor

out of state PAC

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address:      City:      State:      Zip Code

10 Principal occupation

11 Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:      City:      State:      Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:      City:      State:      Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:      City:      State:      Zip Code

Principal occupation

Employer (optional)

Date

Full name of pledgor

out of state PAC

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address:      City:      State:      Zip Code

Principal occupation

Employer (optional)

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# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

### A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

### B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file

\_\_\_\_\_  
Signature of Officeholder

# LOANS

# SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:    ⅈ    ⅈ    ⅈ    ⅈ    ⅈ    ⅈ    ⅈ

\$

5 Date of loan

7 Name of lender

out of state PAC

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

14 Name of guarantor

16 Amount Guaranteed (\$)

not applicable

15 Guarantor address    City    State    Zip Code

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    Zip Code

Interest rate

Maturity date

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

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

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address. City. State. Zip Code

8 Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address City. State. Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address City. State. Zip Code

Purpose of expenditure

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

Date

Payee name

Amount (\$)

Payee address; City. State. Zip Code

Purpose of expenditure

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

2 FILER NAME

Griffin, Br. Fr. Michael

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

Senna Trophies

6 Payee address

City State Zip Code

8 Amount (\$)

144.46

7 Purpose of expenditure

Sign Work - Campaign

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Payee address

City State Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address. City. State. Zip Code

8 Purpose of payment

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

Date

Business name

Amount (\$)

Business address. City. State. Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address. City. State. Zip Code

Purpose of payment

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

Date

Business name

Amount (\$)

Business address. City. State. Zip Code

Purpose of payment

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

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule I.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address: City State Zip Code	
	7 Purpose of expenditure	
	Payee name	
	Payee address: City State Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name	
	Payee address: City State Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name	
	Payee address: City State Zip Code	Amount (\$)
	Purpose of expenditure	
	Payee name	
	Payee address: City State Zip Code	Amount (\$)
	Purpose of expenditure	

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# CREDITS (optional)

# SCHEDULE K

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address City State Zip Code	
7 Reason for credit		

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

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

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

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

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