

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
BRYANT
NICKNAME LAST SUFFIX
GRIFFIN

OFFICE USE ONLY

Date Received

RECEIVED
APR 04 2024
BY: Bob

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

[REDACTED]

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
JOSHUA
NICKNAME LAST SUFFIX
GADDY

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

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

[REDACTED]

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
2 / 14 / 24 THROUGH 3 / 25 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 4 / 24 General Special

12 OFFICE

OFFICE HELD (if any)
CITY COUNCIL, PLACE 4

13 OFFICE SOUGHT (if known)
CITY COUNCIL, PLACE 4

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL COMMITTEE ADDRESS
 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>BRYANT GRIFFITH</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,872.⁰⁹</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>312.⁰⁹</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,560.⁰⁰</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE 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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bryant Griffith this the 4th day of April, 2024, to certify which, witness my hand and seal of office.
[Signature] Caroline E. Green H/R Director
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME BRYANT GRIFFITH		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,872. ⁰⁹
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 301. ¹⁵
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40. ⁹⁴
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 271. ¹⁵
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME BRYANT GRIFFITH		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYANT GRIFFITH	7 Amount of contribution (\$) \$25.⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 3/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHRYN HANCOCK	Amount of contribution (\$) \$300.⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYANT GRIFFITH	Amount of contribution (\$) \$270.⁶³
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 3/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICK RUTY	Amount of contribution (\$) \$300.⁰⁰
Contributor address; City; State; Zip Code [REDACTED]		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME BRYANT GRIFFITH		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYANT GRIFFITH	7 Amount of contribution (\$) \$5.52
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATHRYN HAUBOLD	Amount of contribution (\$) \$5.52
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM VAN DOEF	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROLY PHAM	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME BRYANT GRIFFITH		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELVIN SMITH	7 Amount of contribution (\$) \$104.48
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MIKE HEALD	Amount of contribution (\$) \$521.15
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEVIN REMINES	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH GRIFFITH	Amount of contribution (\$) \$26.35
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME BRYANT GRIFFITH		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 301.¹⁵
5 Date of loan 2/26/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYANT GRIFFITH	9 Loan Amount (\$) \$25.⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	10 Interest rate 0
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) BUSINESS OWNER		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan 3/6/24	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYANT GRIFFITH	Loan Amount (\$) \$270.⁶³
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	Interest rate 0
		Maturity date N/A
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME BRYANT GRIFFITH		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 3/13/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYANT GRIFFITH	9 Loan Amount (\$) \$5.52
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 20px;"></div>	10 Interest rate Ø
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) BUSINESS OWNER		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME BRYANT GRISWOLD	3 Filer ID (Ethics Commission Filers)
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4 Date 3/13/24	5 Payee name ANEDOT
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6 Amount (\$) \$9.48	7 Payee address; City; State; Zip Code 
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING	(b) Description FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/14/24	Payee name ANEDOT
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Amount (\$) \$25.63	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/15/24	Payee name ANEDOT
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Amount (\$) \$4.48	Payee address; City; State; Zip Code 
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME BYRANT GRIFFITH	3 Filer ID (Ethics Commission Filers)
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4 Date 3/18/24	5 Payee name ANEDOT
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6 Amount (\$): \$1.35	7 Payee address; City; State; Zip Code <div style="background-color:black; height:20px; width:100%;"></div>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) BANKING	(b) Description FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME BRYAN GRIFFIN	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/24	5 Payee name MAJOR IMAGES	
6 Amount (\$) \$270.63 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description PICTURES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/13/24	Payee name ANEDOT	
Amount (\$) \$.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code [REDACTED]	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

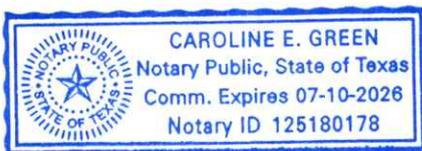
Filer name <u>BRYANT GRIFFITH</u>	Filer ID #
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OFFICE USE ONLY	
Date Received	RECEIVED APR 04 2024 BY: <u>[Signature]</u>
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the C/OH Campaign Finance report due on April 4th 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

[Signature]
Signature of Filer

Sworn to and subscribed before me by Bryant Griffith this the 4th day of April, 2024, to certify which, witness my hand and seal of office.

[Signature] Caroline E. Green H/R Director
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).
Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER