**CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

**FORM C/OH COVER SHEET PG 1**

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

<table>
<thead>
<tr>
<th>1 Filer ID (Ethics Commission Filer)</th>
<th>2 Total pages filed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>2</td>
</tr>
</tbody>
</table>

### 3 CANDIDATE / OFFICEHOLDER NAME

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MR</td>
<td></td>
<td>David</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Griffin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

- Change of Address: 
- Address: [Redacted]

### 5 CANDIDATE / OFFICEHOLDER PHONE

- [Redacted]
- Area Code: [Redacted]
- Phone Number: [Redacted]
- Extension: 

### 6 CAMPAIGN TREASURER NAME

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
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<td>Griffin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7 CAMPAIGN TREASURER ADDRESS

- (Residence or Business) [Redacted]
- Street Address: [Redacted] Cedar Ridge Ct
- City: Ovilla
- State: TX
- Zip Code: [Redacted]

### 8 CAMPAIGN TREASURER PHONE

- [Redacted]
- Area Code: [Redacted]
- Phone Number: [Redacted]
- Extension: 

### 9 REPORT TYPE

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

### 10 PERIOD COVERED

- Month: 01
- Day: 22
- Year: 24
- Through: 03/19/24

### 11 ELECTION

- Election Date: 05/04/24
- Other Description: General

### 12 OFFICE

- Office Held (if any): Councilman PL #3
- Office Sought (if known): Same

### 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.

- Committee Type: Committee Name
- Committee Address
- Committee Campaign Treasurer Name
- Committee Campaign Treasurer Address

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

**COVER SHEET PG 2**

<table>
<thead>
<tr>
<th>15 C/OH NAME</th>
<th>16 Filer ID (Ethics Commission Filers)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>4. TOTAL POLITICAL EXPENDITURES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17 CONTRIBUTION TOTALS</th>
<th>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ -0-</td>
</tr>
</tbody>
</table>

## 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 of Candidate or Officeholder]

Please complete either option below:

1. **Affidavit**

   NOTARY STAMP / SEAL

   Sworn to and subscribed before me by _______________________________ 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

2. **Unsworn Declaration**

   My name is ____________________________, and my date of birth is ____________.

   My address is ____________________________

   Executed in ____________________________, State of ___

   Executed on the ____________ day of ______, 20 ______.  

   [Signature of Candidate/Officeholder (Declarant)]

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Forms provided by Texas Ethics Commission

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

Revised 11/15/2022