

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr NICKNAME	FIRST Charles LAST	MI L SUFFIX
OFFICE USE ONLY			
Date Received 4-11-12 <i>Kathy Adams</i>			
Date Hand-delivered or Postmarked			
Receipt #		Amount	
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
1811 Breezy Bend Dr Katy TX 77494			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 259 1620	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr NICKNAME	FIRST Kirk LAST	MI S SUFFIX
Whillock			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
1334 Wiedner Dr Katy TX 77494			
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER 281 693-0097	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 02 / 24 / 2012	THROUGH	Month Day Year 04 / 14 / 2012
11 ELECTION	ELECTION DATE Month Day Year 05 / 14 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) Trustee, Position 7, Katy ISD	
GO TO PAGE 2			

4-11-12 K. Adams

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Charles L. Griffin 15 ACCOUNT # (Ethics Commission Filers)

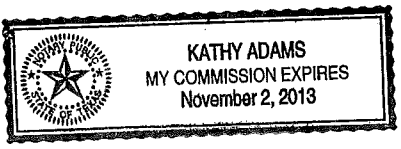
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 340.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2947.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 392.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Charles L. Griffin
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles L. Griffin, this the 11th day of April, 20 12, to certify which, witness my hand and seal of office.

Kathy Adams Signature of officer administering oath
KATHY Adams Printed name of officer administering oath
Notary Public Title of officer administering oath

4-11-12 R. Adams

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
1 of 2

2 FILER NAME

Charley L. Griffin

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/18/12

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

Sandy Corp

6 Contributor address; City; State; Zip Code

1427 Misty Bend Dr. Katy TX 77494

7 Amount of contribution (\$)

\$ 300.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/18/12

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

Charles Davis

Contributor address; City; State; Zip Code

3602 Holiday Bay Ct, Katy TX 77494

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/28/12

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

Mike Donohoe

Contributor address; City; State; Zip Code

1218 Wildwood Lane, Katy TX 77494

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/12

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

Chad Park

Contributor address; City; State; Zip Code

10333 Wood Ford Drive, Dallas TX 75229

Amount of contribution (\$)

\$ 300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/12

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

Kyle Barry

Contributor address; City; State; Zip Code

2834 Red Bud St. Katy TX 77493

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

4-11-12 R. Adams

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2/2	
2 FILER NAME Charles L. Griffin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Griffin	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6810 Cedar Katy TX 77493		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hands on technical Support	Amount of contribution (\$) \$ 1500.00	In-kind contribution description (if applicable) website design hosting / domain / email
Contributor address; City; State; Zip Code 2310 Trotter Dr Katy TX 77493		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/02/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tough talk radio Network	Amount of contribution (\$) \$ 30.00	In-kind contribution description (if applicable) Host 1 hr radio show.
Contributor address; City; State; Zip Code info@toughatkradionetwork.com		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tough talk radio Network	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable) Host 1 hr radio show
Contributor address; City; State; Zip Code info@toughatkradionetwork.com		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
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.

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4-11-12 R. Adams

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

Charles C. Griffin

3 ACCOUNT # (Ethics Commission Filers)

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)

7 Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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.

4-11-12 R. Adams

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME Charles C. Griffin 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: \$

5 Date of loan 7 Name of lender 9 Loan Amount (\$) 6 Is lender a financial Institution? 8 Lender address; City; State; Zip Code 10 Interest rate 11 Maturity date

12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)

14 Description of Collateral 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION 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 Name of lender Loan Amount (\$) Is lender a financial Institution? Lender address; City; State; Zip Code Interest rate Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral Check if personal funds were deposited into political account

GUARANTOR INFORMATION 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.

4-11-12 R. Adams

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 2	2 FILER NAME Charles L. Griffin	3 ACCOUNT # (Ethics Commission Filers)
4 Date 3/24/12	5 Payee name PayPal	
6 Amount (\$) \$.45	7 Payee address; City; State; Zip Code www.paypal.com	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising	(b) Description (If travel outside of Texas, complete Schedule T) Paypal fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Charles L. Griffin, Trustee Position 7, Katy ISD	Office sought Office held
Date 3/29/12	Payee name PayPal	
Amount (\$) \$ 1.03	Payee address; City; State; Zip Code www.paypal.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fund raising	Description (If travel outside of Texas, complete Schedule T) Paypal fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Charles L. Griffin, Trustee Position 7, Katy ISD	Office sought Office held
Date 4/1/12	Payee name PayPal	
Amount (\$) \$ 15.10	Payee address; City; State; Zip Code www.paypal.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising	Description (If travel outside of Texas, complete Schedule T) Paypal fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Charles L. Griffin, Trustee Position 7, Katy ISD	Office sought Office held
Date 4/2/12	Payee name PayPal	
Amount (\$) \$ 3.20	Payee address; City; State; Zip Code www.paypal.com	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Solicitation/Fundraising	Description (If travel outside of Texas, complete Schedule T) Paypal fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Charles L. Griffin, Trustee Position 7, Katy ISD	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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4-11-12 K. Adams

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2012		2 FILER NAME Charles L. Griffin		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/12		5 Payee name Pay Pal			
6 Amount (\$) \$0.88		7 Payee address; City; State; Zip Code www.PayPal.com			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising		(b) Description (If travel outside of Texas, complete Schedule T) Pay pal fee	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Charles L. Griffin, Trustee		Office sought / Office held Position 7, Katy ISD	
Date 3/17/12		Payee name TEXAS GOP Store			
Amount (\$) 1,282.76		Payee address; City; State; Zip Code 404 I-45 South, Huntsville TX 77340			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Vandal Signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Charles L. Griffin		Office sought / Office held Trustee, Position 7, Katy ISD	
Date 4/2/12		Payee name Right on the Money			
Amount (\$) 822.50		Payee address; City; State; Zip Code 22136 Westheimer Pkwy #512, Katy TX 77450			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Postcard Program	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Charles L. Griffin		Office sought / Office held Trustee Position 7, Katy ISD	
Date 04/10/2012		Payee name Harland Clark, BVSCM			
Amount (\$) 21.79		Payee address; City; State; Zip Code 25525 Katy Mills Parkway Katy TX 77494			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Charles L. Griffin		Office sought / Office held Trustee Position 7 Katy ISD	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2127.93

4-11-12 R. Adams

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 1	2 FILER NAME Charles L. Griffin	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 07/2/2012	5 Payee name Charles L. Griffin
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6 Amount (\$) 800.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1811 Breezy Bend Dr, Katy TX 77494
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T)
--------------------------	---	---

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4-11-12 R. Adams

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

Form with fields for FILER NAME (Charles L. Griffin), ACCOUNT #, Date, Business name, Amount (\$), Business address, City, State, Zip Code, and multiple rows for PURPOSE OF EXPENDITURE with sub-fields for Category and Description.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4-11-12 R. Adams

NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1		2 FILER NAME <i>Charles Griffin</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4-11-12 *R. Adams*

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

Charles L. Griffin

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

8 Amount (\$)

6 Address of person from whom amount is received; City; State; Zip Code

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4-11-12 R. Adams

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME <i>Charles L. Griffin</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED