

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME SHARI L. GRISWOLD 15 Filer ID (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.

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

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>500.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>154.99</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1498.51</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2065.40</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6000.00</u>

18 AFFIDAVIT

AFFIX NOTARY STAMP/SEAL ABOVE

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.

Shari Griswold
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Candidate, this the 29th day of October, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jessica Dozier
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

SHARI L. GEISWOLD

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 500.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 950.00
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 393.52
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME

SHARI L. GRISWOLD

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/18

5 Full name of contributor

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

WALLER CO. DEMOCRATIC PARTY

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

**25371 KICKAPOO RD. HOCKLEY TX
77447**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B: **1**

2 FILER NAME **SHARI L. CRISWOLD**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$ **0**

5 Date
10/25/18

6 Full name of pledgor out-of-state PAC (ID#: _____)
WALLER CO. DEMOCRATIC PARTY

7 Pledgor address; City; State; Zip Code
**25371 KICKAPOO RD. HOCKLEY TX
77447**

8 Amount of Pledge \$
\$500.00

9 In-kind contribution description

Check 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#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check 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#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check 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#: _____)

Pledgor address; City; State; Zip Code

Amount of Pledge \$

In-kind contribution description

Check 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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 SHARI L. CRISWOLD	3 Filer ID (Ethics Commission Filers)
4 Date 10/16/18	5 Payee name TAMMIE LILLY	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 114 US-290 BUS. HEMPSTEAD TX 77445	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 10 TICKETS FOR BATTLE OF THE BANDS CAMPAIGN EVENT
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 10/18/18	Payee name GEORGETTE SMITH	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. BOX 138 HEMPSTEAD, TX 77445	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GET OUT THE VOTE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date 10/20/18	Payee name MARTIN NSOKU	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 109 PECAN ST. PRAIRIE VIEW, TX 77446	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA DEVELOPMENT
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <p style="text-align:center">2</p>	2 FILER NAME <p style="text-align:center">SHARI L. GRISWOLD</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">10/20/18</p>	5 Payee name <p style="text-align:center">GEORGIA JACKSON</p>	
6 Amount (\$) <p style="text-align:center">\$150.00</p>	7 Payee address; City; State; Zip Code <p style="text-align:center">710 SHARON ST. PRAIRIE VIEW, TX 77446</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">CONTRACT LABOR</p>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="text-align:center">GET OUT THE VOTE</p>

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <p style="text-align:center">10/25/18</p>	Payee name <p style="text-align:center">MARTIN NSOKU</p>		
Amount (\$) <p style="text-align:center">\$200.00</p>	Payee address; City; State; Zip Code <p style="text-align:center">109 PECAN ST. PRAIRIE VIEW, TX 77446</p>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">CONTRACT LABOR</p>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <p style="text-align:center">SOCIAL MEDIA, GET OUT THE VOTE</p>
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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		
Amount (\$)	Payee address; City; State; Zip Code		

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
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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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME SHARI L. GRISWOLD	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/18/18	6 Payee name BROOKSHIRE TIMES TRIBUNE
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7 Amount (\$) \$393.52	8 Payee address; City; State; Zip Code 921 COOPER, BROOKSHIRE TX 77423
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NEWSPAPER AD
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11 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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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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
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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