CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST SHARI	мі 2	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
	GRISWOL	,O	Waller County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; 41266 A O DIE HEMPSTEAD, TX		JAN 1 5 2018 Received		
Change of Address	AREA CODE PHONE NUMBER	EXTENSION			
5 CANDIDATE/ OFFICEHOLDER PHONE	(979) 826-3/68	EXILUTION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST MS SHARI	MI)	Receipt # Amount \$		
NAME	MS SHARI	SUFFIX	Date Processed		
	GRISWOND		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 41266 ADDIE GEE		7X 77445		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-3168	EXTENSION			
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 12 / 11 / 2017	THROUGH 12 /	Day Year 31 / 2017		
11 ELECTION	BLECTION DATE Month Day Year Primary 11 / 6 / 2018	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known WALLE COUNTY C			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME S	HARI 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				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI				
	2. TOTAL	POLITICAL CONTRIBUTIONS	• 4			
-		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$\phi\$			
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ \$			
	4. TOTAL POLITICAL EXPENDITURES		\$ 750.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		TDAY \$ Ø			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$ Ø			
18 AFFIDAVIT						
WHITE A STUC	KENIN		perjury, that the accompanying report is			
ARY PUE		under Title 15, Election Code.	formation required to be reported by me			
	C S		\mathcal{M}			
SATE OF	ets.	Shaw Show	roll			
STUCKET Iswear, 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						
under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX MOTARY STAMP, SEAL ABOVE						
Sworn to and subscribed before me, by the said Shari L Griswold, this the						
day of January, 2018, to certify which, witness my hand and seal of office.						
Debra St	ucken	Debra Stuckey	AUP			
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Com			mmission Filers)
	SHARI L GRISWOLD		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS		\$
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$750.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$
1			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME SHARI L GRISWOLO 3 Filer ID (Ethics Commission Filers)					
4 Date 12/11/17	5 Payee name WALLER COUNTY DEN	10CRATIC PAR	TY			
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 25371 KICKAPOO RD,	HOCKLEY	TX 77447			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES - FixiNG FEE	Check if travel outside of T	JO FEE FOR CANDIDATE Texas. Complete Schedule T. Titleholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held			
Date	Payee name					
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Texas. Complete Schedule T. ficeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						