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:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI		OFFICE USE ONLY
NAME	MS SHAP!	SUFFIX	Date Received
	GRISWONE		Waller County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO HIZGG ADDIE GEE HEMPSTEAD, TY		OCT 2 9 2018 Received
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
PHONE	(979) 826-3168		Descript # Assessed 6
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST SHARI	мі ,	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	GRISWOLD		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 41266 ADDIE GEE		ZIP CODE
(Residence or Business)	HEMPSTEAD, TX T	17445	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 826-3168	EXTENSION	
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 9 / 28 / 2018	THROUGH 10 /	Day Year / 27 / 2018
11 ELECTION	Month Day Year Primary 11 / 6 / 2018	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If KNOWN	ouniy CLERK
GO TO PAGE 2			

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		
₩	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	28.			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 500.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 154.99			
	4. TOTAL POLITICAL EXPENDITURES \$ 1498.51			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$2065.40			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$6000.00			
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. Signature of Candidate or Officeholder AFFIX NOTARY STRAIN SEALABORE				
AFFIX NOTARY STAND SEAL ABOVE				
Sworn to and subscribed before me, by the said <u>Canadale</u> , this the <u>2915</u>				
day of Octobook, 20 18, to certify which, witness my hand and seal of office.				
308 JESSICA DOZIER NOTARY PUBLIC				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER N	SHARI L. GRISWOLD	20 Filer ID (Ethics Co.	mmission Filers)
21		ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$500,00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	Z	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$500.00
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$950.00
6.	Z	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 393.52
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 FUN	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHARI L. GRISWOLD 4 Date 7 Amount of contribution (\$) \$500.00 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date 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

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/8/2015

SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME SHARI L. GRISWOLD 4 TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor ☐ out-of-state PAC (ID#:_ 8 Amount 9 In-kind contribution 10/25/18 7 Pledgor address; City; State; Zip Code 25371 KICKAPOO RD. HOCKLRY TX of Pledge \$ description \$500.00 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#:_ Pledge \$ description City; State; Zip Code Pledgor address; 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica	, and the state of	expense Travel Out Of District 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 FILER NAME SHARI L. CRISWO	3 Filer ID (Ethics Commission Filers)	
4 Date /0//6/18	5 Payee name TAMMIR LILLY		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	114 US-290 BUS. HEMP.	STEAD TX 77445	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	EVENT EXPENSE	Check if Austin, TX, officeholder living expense	
		10 TICKETS FOR BATTLE OF THE BANK	
		CAMPAION EVENT	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/18/18	OFORGETTE SHITH		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	P.O. BOX 138 HEMPSTE	EAD, TX 77445	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	100 == 1.000	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	CONTRACT LABOR	Check if Austin, TX, officeholder living expense	
A		GET OUT THE VOTE	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10/20/18	MARTIN NOOKU		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	109 PRCAN ST. PRAIRIE	VIEW, TX 77446	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	4	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	CONTRACT LABOR	Check if Austin, TX, officeholder living expense	
		SOCIAL MRDIA DRURLOPMENT	
Complete ONLY 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/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 pot listed above)

Candidate/Officeholder/Politica	, and the second	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 F1:	SHARI L. CRISI	3 Filer ID (Ethics Commission Filers)	
4 Date /0/20 / 18	5 Payee name GEORGIA JACKSON	J	
6 Amount (\$)	7 Pavee address: City: State: Zip Code		
\$150.00	710 SHARON ST. HA	IRIR VIRW, TX 77446	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	10000	Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	CONTEACT LABOR	Check if Austin, TX, officeholder living expense	
		GET OUT THE VOTE	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10/25/18	MARTIN NSOKU		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	109 PRCAN ST. PRAIR	ZIE VIEW, TX 77446	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	CONTRACT LABOR	Check if Austin, TX, officeholder living expense	
	(2010)	SOCIAL MADIA, GET OUT THE VOTE	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		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 THI	S SCHEDULE AS NEEDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accounting/Banking	Fees Food/Beverage Expense	Office Overhead/Rental Expense Polling Expense	Transportation Equipment & Related Expense Travel In District	
Consulting Expense Contributions/Donations Made B	y Gift/Awards/Memorials Expense	Travel Out Of District		
Candidate/Officeholder/Politica		Salaries/Wages/Contract Labor	Other (enter a category not listed above)	
	The Instruction Guide expla	ins how to complete this form.		
1 Total pages Schedule F2:	SHARI L. GRI	SWOLP	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBL		\$	
5 Date	6 Payee name			
10/18/18	BROOKSHIRE T	IMES TRIBUN	E	
7 Amount (\$)	8 Payee address; City; State;	Zip Code	1 7-11-2	
\$393.52	921 COOPER, BROOKSHIER TY 77423			
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of	this schedule) (b) Descrip	otion	
PURPOSE			ck if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	ADVRETISING EXP	RNSE Che	ck if Austin, TX, officeholder living expense	
EXPENDITURE			PAPER AD	
		109003	7,742	
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH .			
Date	Payee name			
Amount (\$)	Payee address; City; State	; Zip Code		
(4)	Tayee address, Only, Olare	,p ====		
TYPE OF	Political	Non-Political		
EXPENDITURE	- Children			
	Category (See Categories listed at the top of	this schedule) Descr	ption	
PURPOSE		Ch	eck if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE		Ch	eck if Austin, TX, officeholder living expense	
EXPENDITORE				
Complete ONLY if direct Candidate / Officeholder name Office sought Office held				
expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			