

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Ms. Angela Griffin		D.	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1217 E. 17th Big Spring, TX 79720		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	( 432 )	816-5643	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Ms. Shaylee Franks		D.	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	3226 Auburn Big Spring, TX 79720		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	( 432 )	770-6110	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
<input checked="" type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
<input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month	Day	Year
	10	12	23
THROUGH		Month	Day
		10	27
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
3 / 5 / 24		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
<b>12 OFFICE</b>	OFFICE HELD (if any)	OFFICE SOUGHT (if known)	
	Justice of the Peace 1-1		Justice of the Peace 1-1
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	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	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received  
**10/31/2023**

*[Handwritten Signature]*

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Angela Griffin		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

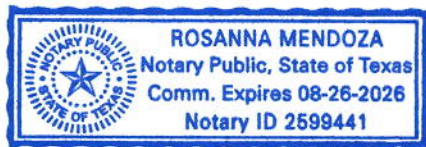
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Angela Griffin*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angela Griffin this the 31<sup>st</sup> day of Oct, 2023, to certify which, witness my hand and seal of office.

Rosanna Mendoza Signature of officer administering oath  
Rosanna Mendoza Printed name of officer administering oath  
Criminal Clerk Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)