

# 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 <b>Mr</b>	FIRST <b>Samuel</b>	MI <b>J</b>
	NICKNAME	LAST <b>Griffith</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	<b>1810 Crosshaven Dr</b>	<b>Lewisville</b>	<b>Tx 75077</b>
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	<b>( 214 )</b>	<b>566-6223</b>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	<b>Self</b>		
		NICKNAME	LAST SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE	PHONE NUMBER EXTENSION
		<b>( )</b>	
<b>9 REPORT TYPE</b>			
<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>			
Month Day Year      THROUGH      Month Day Year <b>03 / 28 / 2022      04 / 29 / 2022</b>			
<b>11 ELECTION</b>			
ELECTION DATE		ELECTION TYPE	
Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>		<b>13 OFFICE SOUGHT (if known)</b>	
OFFICE HELD (if any)		<b>Lewisville ISD Board of Trustees Place 3</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>			
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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received

**Received**

**MAY 2 2022**

**LTSD / Supt Ofc**

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**

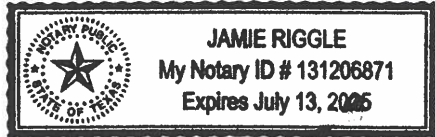
<b>15 C/OH NAME</b> Samuel Griffith		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 600
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 509.41
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 590.59
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

*Samuel Griffith*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Samuel Griffith this the 2nd day of May, 2022, to certify which, witness my hand and seal of office.

*Jamie Riggle*  
Signature of officer administering oath

Jamie Riggle  
Printed name of officer administering oath

*Notary / Asst to Board*  
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)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b> Samuel Griffith		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 600
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 509.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME <b>Samuel Griffith</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  <b>04/07/22</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yonatan Admasse</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>2109 Pueblo Dr Carrollton TX 75006</b>	<b>7</b> Amount of contribution (\$)  <b>100</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Consultant</b>		<b>9</b> Employer (See Instructions) <b>Vena Solutions</b>
<b>Date</b>  <b>04/07/22</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Griffith</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>1430 Westwood Drive Lewisville Tx 75067</b>	<b>Amount of contribution (\$)</b>  <b>500</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>Retired</b>		<b>Employer (See Instructions)</b> <b>N/a</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Samuel Griffith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/28/22	<b>5</b> Payee name CAMPAIGN PARTNER	
<b>6</b> Amount (\$) \$29.00	<b>7</b> Payee address; City; State; Zip Code 6175007251, MA, 014510000	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign site	<b>(b)</b> Description Refund and repurchase site mgmt
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
---	--	---	-------------

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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
--	--	---	-------------

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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
--	--	---	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Samuel Griffith	<b>3</b> Filer ID (Ethics Commission Filers)
-----------------------------------	--	--

<b>4</b> Date 04/28/22	<b>5</b> Payee name CAMPAIGN PARTNER
---------------------------	---

<b>6</b> Amount (\$) \$2.66	<b>7</b> Payee address; 6175007251, MA, 014510000	City;	State;	Zip Code
--------------------------------	--	-------	--------	----------

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Website Registration
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
--	--	---	-------------

Date 04/28/22	Payee name EIG*BLUEHOST.COM
------------------	--------------------------------

Amount (\$) \$94.99	Payee address; 888-4014678, UT	City;	State;	Zip Code
------------------------	-----------------------------------	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website Recurring
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
---	--	---	-------------

Date 04/28/22	Payee name EIG*BLUEHOST.COM
------------------	--------------------------------

Amount (\$) \$15.00	Payee address; 888-4014678, UT, 846060000	City;	State;	Zip Code
------------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website Recurring
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
---	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Samuel Griffith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/28/2022	<b>5</b> Payee name VECTEEZY * PRO	
<b>6</b> Amount (\$) \$21.60	<b>7</b> Payee address; City; State; Zip Code BOWLING GREEN, KY, 421010000	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Website Registration
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3
		Office held

Date 04/04/22	Payee name CAMPAIGN PARTNER	
Amount (\$) 29.00	Payee address; City; State; Zip Code 617-500-7251, MA	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website Recurring
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
Date 04/08/22	Payee name CAMPAIGN PARTNER		
Amount (\$) 5.00	Payee address; City; State; Zip Code 617-500-7251, MA		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Website Recurring	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
--	--	---	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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 FILER NAME Samuel Griffith	3 Filer ID (Ethics Commission Filers)
----------------------------	---------------------------------	---------------------------------------

4 Date 04/14/22	5 Payee name Stripe
--------------------	------------------------

6 Amount (\$) \$ 18.00	7 Payee address; STRIPE TRANSFER ST-B0K2O4J7C0Q8 SAMUEL GRIFFITH	City;	State;	Zip Code
---------------------------	---	-------	--------	----------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fee	(b) Description Stripe usage fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
--	--	---	-------------

Date 04/29/22	Payee name FIVERR *
------------------	------------------------

Amount (\$) \$281.17	Payee address; NEW YORK, NY, 100130000	City;	State;	Zip Code
-------------------------	---	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor	Description Creation of advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
--	--	---	-------------

Date 04/29/22	Payee name TINYURL.COM
------------------	---------------------------

Amount (\$) \$12.99	Payee address; +17633903286, SD, 57104	City;	State;	Zip Code
------------------------	---	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Link tracking / advertising expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Samuel Griffith	Office sought LISD Board of Trustees Place 3	Office held
--	--	---	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED