

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: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST Kenrick	MI F	OFFICE USE ONLY	
	NICKNAME	LAST Griffith	SUFFIX		Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3401 Carriage Ln Baytown TX 77520				
	<input type="checkbox"/> Change of Address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked 10/31/2022 PM 4:35	
	(832)	623-3052		Receipt #	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MA	FIRST Kenrick	MI F	Amount \$	
	NICKNAME	LAST Griffith	SUFFIX	Date Processed 10/31/22	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3401 Carriage Ln Baytown TX 77520				
	AREA CODE	PHONE NUMBER	EXTENSION	Date Imaged 10/31/22	
8 CAMPAIGN TREASURER PHONE	(832)	623-3052			
9 REPORT TYPE	<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)				
10 PERIOD COVERED	Month / Day / Year 09 / 09 / 2022		THROUGH	Month / Day / Year 10 / 31 / 2022	
11 ELECTION	ELECTION DATE Month / Day / Year 11 / 8 / 2022		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Baytown District 3 City Council		
14 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.				
	<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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,885
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,012
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 780.82
OUTSTANDING LOAN TOTALS	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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Henrick Griffith this the 31 day of October, 2022 to certify which, witness my hand and seal of office.

Angela Jackson Signature of officer administering oath
Angela Jackson Printed name of officer administering oath
City Clerk / Notary 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**

19 FILER NAME

Kennell Griffith

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,585
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,012
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Kennick Griffith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/9/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marc Wilson</i>	7 Amount of contribution (\$) <i>\$300</i>
6 Contributor address; City; State; Zip Code <i>40647 Konact Murrieta CA 93562</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>9/21/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marc Wilson</i>	Amount of contribution (\$) <i>\$300</i>
Contributor address; City; State; Zip Code <i>40647 Konact Murrieta CA 92562</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>9/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shana Thurman</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>P.O. Box 1304 Dayton TX 77535</i>		
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions)
Date <i>10/24/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wynbra Holland</i>	Amount of contribution (\$) <i>\$85</i>
Contributor address; City; State; Zip Code <i>125 Wood Ave Raytown TX 77520</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME Kennick Griffith		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennick Griffith	7 Amount of contribution (\$) \$250
6 Contributor address; City; State; Zip Code 3401 Carters Ln Baytown TX 77521		
8 Principal occupation / Job title (See Instructions) Security Supervisor		9 Employer (See Instructions) Securitas LPS
Date 10/20/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Byron Schirbeck	Amount of contribution (\$) \$800
Contributor address; City; State; Zip Code 4727 Black Stone St. Baytown TX 77521		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 10/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Robert Kelley	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 9505 Wincrest Dr. Baytown TX 77523		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 10/26/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jeff Walters	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 608 Rolling Look Dr Baytown TX, 77521		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Virginia Malone Realty
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Kenrick Griffith</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Calvin Mundinger</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>411 N Burnett Baytown TX, 77521</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 <i>Kearicde Griffith</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>9/15/22</i>	5 Payee name <i>Anchor Printing</i>	
6 Amount (\$) <i>\$330.00</i>	7 Payee address; City; State; Zip Code <i>122 E Texas Ave. Baytown TX 77520</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>yard signs / Push cards</i>
	(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	Office sought Office held
Date <i>9/28/22</i>	Payee name <i>Anchor Printing</i>	
Amount (\$) <i>\$200.00</i>	Payee address; City; State; Zip Code <i>122 E Texas Ave. Baytown TX 77520</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>Yard signs</i>
	<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	Office sought Office held
Date <i>10/21/22</i>	Payee name <i>Texas Public Affairs</i>	
Amount (\$) <i>\$300</i>	Payee address; City; State; Zip Code <i>1911 Hamilton Ave Austin TX 78702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Campaign Management</i>	Description <i>Consultation</i>
	<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	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officer/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1:	2 FILER NAME Kenrick Griffith	3 Filer ID (Ethics Commission Filer):
4 Date 10/24/22	5 Payee name Vista Print	
6 Amount (\$) \$457⁰⁰	7 Payee address; 275 Wyman St	City; State; Zip Code Waltham MA 02457
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing	(b) Description Yard Signs
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/27/22	Payee name Anchor Printing	
Amount (\$) \$182⁰⁰	Payee address; 122 E Texas Ave	City; State; Zip Code Baytown TX 77520
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Yard Signs	Description Yard Stakes
	<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	Office sought Office held
Date 10/26/22	Payee name Texas Public Affairs	
Amount (\$) \$276⁰⁰	Payee address; 1911 Hamilton Ave	City; State; Zip Code Austin TX 78702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Campaign Management	Description Consultation
	<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	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:	2 FILER NAME <i>Kenrick Griffith</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/22</i>	5 Payee name <i>Anchor Printing</i>	
6 Amount (\$) <i>\$267.00</i>	7 Payee address; City; State; Zip Code <i>122 Texas Ave Baytown TX 77520</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>Push cards / Post cards</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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