

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**COPY**

**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 NAME                                | MS / MRS / MR | FIRST                                  | MI                   |
|  | NICKNAME      | LAST                                   | SUFFIX               |
| 210 PARK PLACE MARSHALL TX 75672                               |               | OFFICE USE ONLY                        |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     |               | Date Received                          |                      |
| Change of Address <input type="checkbox"/>                     |               | RECEIVED                               |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               |               | JAN 15 2024                            |                      |
| 6 CAMPAIGN TREASURER NAME                                      |               | HARRISON COUNTY ELECTIONS OFFICE       |                      |
| 7 CAMPAIGN TREASURER ADDRESS                                   |               | Date Hand-delivered or Date Postmarked |                      |
| 8 CAMPAIGN TREASURER PHONE                                     |               | Receipt #                              |                      |
| 9 REPORT TYPE  |               | Amount \$                              |                      |
| 10 PERIOD COVERED  |               | Date Processed                         |                      |
| 11 ELECTION  |               | Date Imaged                            |                      |
| 12 OFFICE  |               | 13 OFFICE SOUGHT                       |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Darryl Clay Griffin 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.

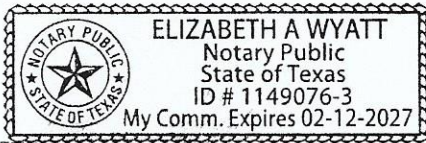
|                                   |                                      |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  |                                      |
| <input type="checkbox"/> SPECIFIC |                                      |
|                                   | COMMITTEE ADDRESS                    |
|                                   | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

|                         |   |                  |
|-------------------------|---|------------------|
| 17 CONTRIBUTION TOTALS  | 1. 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)                                  | \$               |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$               |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>375.00</u> |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$               |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$               |

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.



Darryl Griffin  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Darryl Griffin, this the 18 day of January, 2024, to certify which, witness my hand and seal of office.

Elizabeth A Wyatt Elizabeth A Wyatt Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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: <b>1</b> | 2 FILER NAME<br><b>DARRYL CLAY GRIFFIN</b> | 3 Filer ID (Ethics Commission Filers) |
|-------------------------------------|--|---------------------------------------|

|                           |   |
|---------------------------|---|
| 4 Date<br><b>11-20-23</b> | 5 Payee name<br><b>HARRISON COUNTY REPUBLICAN PARTY</b> |
|---------------------------|---|

|  |  |
|--|--|
| 6 Amount (\$)<br><b>375<sup>00</sup></b> | 7 Payee address; City; State; Zip Code<br><b>4595 COUNTRY CLUB RD E LONGVIEW, TX</b> |
|--|--|

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

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>DARRYL GRIFFIN</b> | Office sought<br><b>CONSTABLE PCT 4</b> | Office held<br><b>CONSTABLE PCT 4</b> |
|---|--|---|---------------------------------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**COPY**

**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 NAME  | MS / MRS / MR   | FIRST                                 | MI  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/><br/>                     JAN 15 2024<br/><br/>                     HARRISON COUNTY<br/>                     ELECTIONS OFFICE                 </div><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
|  | NICKNAME  | LAST                                  | SUFFIX  |  |
| DARRYL   | CLAY  |                                       |   |  |
| GRIFFIN  |   |                                       |   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |                                       |   |  |
|  | 210 PARK PLACE MARSHALL TX 75672  |                                       |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION   |  |
|  | (903)   | 930-9841                              |   |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST                                 | MI  |  |
|  | NICKNAME  | LAST                                  | SUFFIX  |  |
| BRIDGET  | E   |                                       |   |  |
| GRIFFIN  |   |                                       |   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |                                       |   |  |
|  | 210 PARK PLACE<br>MARSHALL, TX 75672  |                                       |   |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER                          | EXTENSION   |  |
|  | (903)   | 930 1336                              |   |  |
| 9 REPORT TYPE  | <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)                                    |                                       |   |  |
| 10 PERIOD COVERED  | Month   | Day                                   | Year  |  |
|  | 12  | 11                                    | 23  |  |
| THROUGH  |   | Month                                 | Day   |  |
|  |   | 1                                     | 15  |  |
| 11 ELECTION  | ELECTION DATE   |                                       | ELECTION TYPE   |  |
|  | Month   | Day                                   | Year  |  |
| 03   | 05  | 24                                    | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| 12 OFFICE  | OFFICE HELD (if any)  |                                       | 13 OFFICE SOUGHT (if known)   |  |
|  | CONSTABLE PCT 4   |                                       |   |  |
|  |   | CONSTABLE PCT 4                       |   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Darryl Clay Griffin 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)  
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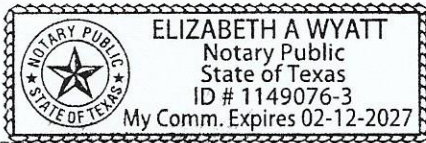
|                                   |                                      |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  |                                      |
| <input type="checkbox"/> SPECIFIC |                                      |
|                                   | COMMITTEE ADDRESS                    |
|                                   | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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18 AFFIDAVIT

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Darryl Griffin  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Darryl Griffin, this the 18 day of January, 2024, to certify which, witness my hand and seal of office.

Elizabeth A Wyatt Elizabeth A Wyatt Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
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| 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                        |                               |                                |  |

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|--|--|---------------------------------------|

|                           |   |
|---------------------------|---|
| 4 Date<br><b>11-20-23</b> | 5 Payee name<br><b>HARRISON COUNTY REPUBLICAN PARTY</b> |
|---------------------------|---|

|  |  |
|--|--|
| 6 Amount (\$)<br><b>375<sup>00</sup></b> | 7 Payee address; City; State; Zip Code<br><b>4595 COUNTRY CLUB Rd E LONGVIEW, TX</b> |
|--|--|

|                                    |  |  |
|------------------------------------|--|--|
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|------------------------------------|--|--|

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>DARRYL GRIFFIN</b> | Office sought<br><b>CONSTABLE PCT 4</b> | Office held<br><b>CONSTABLE PCT 4</b> |
|---|--|---|---------------------------------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
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|             |                                      |
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|---|-------------------------------|---------------|-------------|

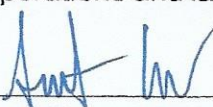
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

|   |  |                          |                         |                 |                   |   |            |
|---|--|--------------------------|-------------------------|-----------------|-------------------|---|------------|
| 2 CANDIDATE NAME  | MS / MRS / MR <input checked="" type="checkbox"/>  | FIRST<br>Austin          | MI<br>G                 | OFFICE USE ONLY |                   |   |            |
|   | NICKNAME   | LAST<br>Koos             | SUFFIX                  |                 |                   |   | Filer ID # |
| 3 CANDIDATE MAILING ADDRESS                                 | ADDRESS / PO BOX;<br>Po Box 219  | APT / SUITE #;           | CITY;<br>Hallsville, TX | STATE;<br>TX    | ZIP CODE<br>75650 | Date Received<br><b>RECEIVED</b><br>AUG 11 2023<br>HARRISON COUNTY ELECTIONS OFFICE |            |
|   | Date Hand-delivered or Postmarked  |                          |                         |                 |                   |   |            |
| 4 CANDIDATE PHONE   | AREA CODE<br>(903)   | PHONE NUMBER<br>261 9887 | EXTENSION               |                 |                   | Receipt #   | Amount \$  |
|   | 5 OFFICE HELD (if any)   |                          |                         |                 |                   | Date Processed  |            |
| 6 OFFICE SOUGHT (if known)<br>County Commissioner Pat 3     |  |                          |                         |                 | Date Imaged       |   |            |
| 7 CAMPAIGN TREASURER NAME                                   | MS/MRS/MR  | FIRST<br>Lauren          | MI<br>R                 | NICKNAME<br>K   | LAST<br>Koos      | SUFFIX  |            |
| 8 CAMPAIGN TREASURER STREET ADDRESS (residence or business) | STREET ADDRESS;<br>2876 Buchanan Rd.   | APT / SUITE #;           | CITY;<br>Hallsville TX  | STATE;<br>TX    | ZIP CODE<br>75650 |   |            |
| 9 CAMPAIGN TREASURER PHONE                                  | AREA CODE<br>(903)   | PHONE NUMBER<br>261 7172 | EXTENSION               |                 |                   |   |            |
| 10 CANDIDATE SIGNATURE                                      | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><br/>Signature of Candidate</p> <p>8/11/23<br/>Date Signed</p> |                          |                         |                 |                   |   |            |

GO TO PAGE 2

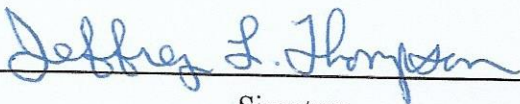
## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

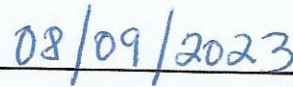
### THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date