

APR - 7 2014

LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | | FORM B For use by candidates and new employees | | Page 1 of 6 |
| Period covered: January 1, 2012 - December 31, 2013 | | | | |
| Name: William Taylor Griffin | | Daytime Telephone: | | |
| (Office Use Only) | | | | |
| Filer Status | <input checked="" type="checkbox"/> Candidate for the House of Representatives <input type="checkbox"/> New officer or employee | State: NC District: 03 Date of Election: May 6, 2014 | Check if Amendment <input type="checkbox"/> | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | | | |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | |
|--|---|
| TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Name William T. Griffin

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name **William T. Griffin**

Page **3** of **6**

| BLOCK A Asset and/or Income Source | | BLOCK B Value of Asset | | | | | | | | | | | | | BLOCK C Type of Income | | | | | | | | | | BLOCK D Amount of Income | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------------|---|---------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|-----------------------------------|---|-----------|------|----------|---------------|----------------------|--------------|---|--------------|----|--|----|-----|------|---|----|-----|----|---|----|----------------|------|----|---|----|-----|--|--|--|--|--|--|--|--|
| <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.</p> | | <p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>*This column is for assets solely held by your spouse or dependent child.</p> | | | | | | | | | | | | | <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p> | | | | | | | | | | <p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p> <p>* This column is for income derived from assets solely held by your spouse or dependent child.</p> | | | | | | | | | | | | | | | | | | | | | | | |
| | | A | B | C | D | E | F | G | H | I | J | K | L | M | NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | Current Year | | | | | | | | | | | | Preceding Year | | | | | | | | | | | | | |
| | | None | \$1 - \$1,000 | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | Spouse/DC Asset over \$1,000,000* | None | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | None | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | | | | | | | | |
| SP | SP Mega Corp. Stock | | | | | X | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC Example: | Simon & Schuster | | | | Indefinite | | | | | | | | | | | | | | | Royalties | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | IRA | | | | | | X | | | | | | | | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - Am. Century Heritage Fund | | | X | | | | | | | | | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| | - Blackrock Equity Div. Fund | | | X | | | | | | | | | | | X | X | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | - Blackrock Global Fund | | | | X | | | | | | | | | | X | X | X | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| | - MFS Growth Fund | | | X | | | | | | | | | | | | | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| | - PIMCO Total Return Fund | | | | X | | | | | | | | | | | X | X | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |

For additional assets and unearned income, use next page.

Continuation Sheet (If needed)

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SCHEDULE III – LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred mo/year | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------------|--|--|--|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|----------------------|--|
| | | | | A | B | C | D | E | F | G | H | I | J | K |
| | <i>Example:</i> First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main Street, Dover, DE | \$10,001— \$15,000 | \$15,001— \$50,000 | \$50,001— \$100,000 | \$100,001— \$250,000 | \$250,001— \$500,000 | \$500,001— \$1,000,000 | \$1,000,001— \$5,000,000 | \$5,000,001— \$25,000,000 | \$25,000,001— \$50,000,000 | Over \$50,000,000 | Spouse/DC Liability over \$1,000,000 |
| | NONE | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

SCHEDULE IV – POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

| Position | Name of Organization |
|----------|---------------------------|
| Partner | Hamilton Place Strategies |
| Manager | Suigrave Partners, LLC |
| | |
| | |
| | |

Use additional sheets if more space is required.

SCHEDULE V – AGREEMENTS

| Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. | | |
|---|------------|--------------------|
| Date | Parties To | Terms of Agreement |
| | | |
| | | |
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SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

| Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I. | |
|---|-----------------------------|
| Source (Name and Address) | Brief Description of Duties |
| <i>Example:</i> Doe Jones & Smith, Hometown, Homestate | Accounting services |
| Job Creator's Alliance - Dallas, TX | Public Relations Consulting |
| PCIAA Chicago, IL | Public Relations Consulting |
| Motorola Mobility Washington, DC | Public Relations Consulting |
| Huron Health Care Chicago, IL | Public Relations Consulting |
| McGraw-Hill Financial New York, NY | Public Relations Consulting |
| Lender Processing Services Jacksonville, FL | Public Relations Consulting |
| Certain confidential clients are not reported due to terms of agreement entered into at the time services were retained. | Public Relations Consulting |

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HOUSE OF REPRESENTATIVES

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| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT | | FORM B For use by candidates and new employees | |
| Period covered: January 1, 2014 - April 6, 2014 | | | |
| Name: William T. Griffin | | Daytime Telephone: | |
| (Office Use Only) | | | |
| Filer Status | <input checked="" type="checkbox"/> Candidate for the House of Representatives <input type="checkbox"/> New officer or employee | State: NC District: 03 Date of Election: May 6, 2014 Employing Office: | Check if Amendment <input type="checkbox"/> A \$200 penalty shall be assessed against any individual who files more than 30 days late. |

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
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| III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| | |
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| EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|------|--------------------|------|---|----|---|
| Name | William T. Griffin | Page | 2 | of | 6 |
|------|--------------------|------|---|----|---|

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name **William T. Griffin**

Page **3** of **6**

| BLOCK A Asset and/or Income Source | | BLOCK B Value of Asset | | | | | | | | | | | | | BLOCK C Type of Income | | | | | | | | | | BLOCK D Amount of Income | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------------|---|---------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|------|---|------|----------|---------------|----------------------|--------------|---|--------------|----|-----|--|---|----|-----|------|----|---|----|-----|----------------|----|-----|----|---|----|-----|------|----|---|----|-----|--|--|--|
| <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.</p> | | <p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>*This column is for assets solely held by your spouse or dependent child.</p> | | | | | | | | | | | | | <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p> | | | | | | | | | | <p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p> <p>* This column is for income derived from assets solely held by your spouse or dependent child.</p> | | | | | | | | | | | | | | | | | | | | | | | |
| | | A | B | C | D | E | F | G | H | I | J | K | L | M | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify, e.g., Partnership Income or Farm Income) | Current Year | | | | | | | | | | | | Preceding Year | | | | | | | | | | | | | | |
| | | None | \$1 - \$1,000 | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | None | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify, e.g., Partnership Income or Farm Income) | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | | | |
| SP | SP Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | Royalties | | | | | X | | | | | | | | | | | | | | | | | | | | | | |
| DC, Examples: | Simon & Schuster | | | Indefinite | | | | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| JT | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | | X | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | |
| | IRA | | | | | | X | | | | | | | X | X | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - Am. Century Heritage | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - Blackrock Equity Div. Fund | | | X | | | | | | | | | | X | | | X | | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | | |
| | - Blackrock Global Fund | | | | X | | | | | | | | | X | X | X | | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | - MFS Growth Fund | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |
| | - PIMCO Total Return | | | X | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | |

For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

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Name William T. Griffin

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SCHEDULE III — LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred mo/year | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------------|--|--|--|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|----------------------|--|
| | | | | A | B | C | D | E | F | G | H | I | J | K |
| | <i>Example:</i> First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main Street, Dover, DE | \$10,001— \$15,000 | \$15,001— \$50,000 | \$50,001— \$100,000 | \$100,001— \$250,000 | \$250,001— \$500,000 | \$500,001— \$1,000,000 | \$1,000,001— \$5,000,000 | \$5,000,001— \$25,000,000 | \$25,000,001— \$50,000,000 | Over \$50,000,000 | Spouse/DC Liability over \$1,000,000 |
| | None | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

| Position | Name of Organization |
|----------|------------------------|
| Manager | Sulgrave Partners, LLC |
| | |
| | |
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Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

| Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. | | |
|---|------------|--------------------|
| Date | Parties To | Terms of Agreement |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

| Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I. | |
|---|-----------------------------|
| Source (Name and Address) | Brief Description of Duties |
| <i>Example:</i> Doe Jones & Smith, Hometown, Homestate | Accounting services |
| Hamilton Place Strategies - Washington, DC | Public Relations Consulting |
| | |
| | |
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| | |

Name William T. Griffin

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SCHEDULE III — LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred mo/year | Type of Liability | Amount of Liability | | | | | | | | | | |
|------------------|--|--|--|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|---------------------------|-----------------------------|------------------------------|-------------------------------|----------------------|--|
| | | | | A | B | C | D | E | F | G | H | I | J | K |
| | <i>Example:</i> First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main Street, Dover, DE | \$10,001— \$15,000 | \$15,001— \$50,000 | \$50,001— \$100,000 | \$100,001— \$250,000 | \$250,001— \$500,000 | \$500,001— \$1,000,000 | \$1,000,001— \$5,000,000 | \$5,000,001— \$25,000,000 | \$25,000,001— \$50,000,000 | Over \$50,000,000 | Spouse/DC Liability over \$1,000,000 |
| | None | | | | | | X | | | | | | | |
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

| Position | Name of Organization |
|----------|---------------------------|
| Manager | Sulgrave Partners LLC |
| Partner | Hamilton Place Strategies |
| | |
| | |
| | |

Use additional sheets if more space is required.

SCHEDULE V – AGREEMENTS

| Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. | | |
|---|------------|--------------------|
| Date | Parties To | Terms of Agreement |
| | | |
| | | |
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SCHEDULE VI – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

| Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I. | |
|---|-----------------------------|
| Source (Name and Address) | Brief Description of Duties |
| <i>Example:</i> Doe Jones & Smith, Hometown, Homestate | Accounting services |
| Hamilton Place Strategies - Washington, DC | Public Relations Consulting |
| Job Creator's Alliance - Dallas, TX | |
| Motorola Mobility - Washington, DC | |
| Huron Healthcare - Chicago, IL | |
| McGrawHill Financial - New York, NY | |
| PCIAA - Chicago, IL | |
| Certain confidential clients are not reported due to terms of agreement entered into at the time services were retained. | |