APR - 7 2014

LEGISLATIVE RECOURCE CENTER

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OTMOS OF THE OLERK TO FIGURE OF REFRESENTATIVES

FINANCIA	STATES HOUSE OF REPRESENTATIVES AL DISCLOSURE STATEMENT	FORM For use by candidates a	-	P	age t of <u>6</u>
Period cov	ered: January 1, 2012 _ December 31, 2013				
Name:	William Taylor Griffin Daytin	ne Telephone:		de	
				(Office Use Only)	
Filer	Candidate for the State: NC Det House of Representatives District: 0.3 Electrics	e of the other May 6, 2014	Check if Amendment	A \$200 penalty shall be a	
Status	New officer or employee Employing Office:			against any individual v more than 30 days late.	rno nies
fees) of \$200 c if yes, comple ii. Did you, yo income of mon reportable ass- if yes, comple til. Did you, yo able liability (m	our spouse have "earned" income (e.g., salaries or r more from any source in the reporting period? Yes X No Version of the reporting period? It spouse, or a dependent child receive "unearned" a than \$200 in the reporting period or hold any st worth more than \$1,000 at the end of the period? Yes X No Version of the period? Yes X No Version of the period? No Version of the period?	IV. Did you hold any report filing in the current cale if yee, complete and att V. Did you have any report with an outside entity? If yee, complete and att VI. Did you receive comparison of the state of the same at the state of the same at the	ender year or in the price of Schedule IV. ortable agreement or an each Schedule V. bensation of more than	rangement Yes X \$5,000 from	No X
If yes, comple	Each question in this part must be answered and the	If yes, complete and att	ach Schedule VI.	each "Yes" response.	₩•∐
EXCLUSI	ON OF SPOUSE, DEPENDENT, OR TRUST INFO	DRMATION - ANS	SWER EACH (OF THESE QUESTION	S
	etails regarding "Qualified Blind Trusts" approved by the Committee on E ave you excluded from this report details of such a trust benefiting you, y			ot be Yes	No X
	N — Have you excluded from this report any other assets, "unearned" inc y meet all three tests for exemption? Do not answer "yes" unless you have			spendent child Yes	No X

SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

					6
Nama	William	Т.	Griffin	Page _2_ of	
			VI II I I I		

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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. Amount Туре Source (include date of receipt for honoraria) **Current Year to Filing** Preceding Year \$28,450 Salary XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX Director's Fee \$400 \$3,200 Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2) Honorarium \$1,000 Ω Harris County, Texas Public Schools Spouse Salary NA NA Hamilton Place Strategies - Washington, DC **Business Income** \$192,000 \$406,000

Name William T. Griffin

Page 3 of 6

SCHEDULE II.- ASSETS AND "LINEARNED" INCOME

CHEDULE II — ASSETS AN	D'	ʻU	NE	A	RN	IE	D"	IN	CC	M	E								L				11.		(2111	_	_	-				_	_	_		_		_	_	ı
BLOCK A					ÐL	OCI	(8							e	LO	CK	С												BLO	ж	D							_		
Asset and/or income Source				Val	ue	of	As	set					Ţ	ype	of	Inc	On.	10									An	1QI	ınt	of	Inc	con	10							
identify (a) each asset held for investment or production of income with a fair meritart setule accessing \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated mores than \$200 in "unearmed" income during the year.	rep	ort tho	te va ing y d ot spe	/ear	. If y thai	you n fail	use r ma	a va arke	alua t vai	tion		reti alic inve	POTTO POTTO	all co ent a you nents d inc	to o	unts choo hat g	thet ee jener	do i spec ate t	not iffic ex-	ct in	eck con	cth 10 l	e N by c	one hec	° cc king	dum the	n. F ap	or opro	all c opri	othe ate	r a box	sse x be	ts, i elow	ndk v. Di	cate ivid	the den	k C, e ca ds, lisck	teg Inte	огу вгез	of st,
Provide complete names of stocks and mutual funds (do not use ticker symbols).			ssei ar a									pla:	na o x-De	r IRA elerre	e), y o co	ou m	nay d n. Dh	heck iden	the ds,																		rate		.	
For all IRIAs and other retirement plane (such as 401(k) plane) provide the value for each asset held in the account that exceeds the reporting thresholds.	ít g	enc	erate one.	d In								H clo	rein sed	rt, and Typet as in eset	ed, Icon	mu: ne. C	et t heck	e d	is- ne							r inc			leriv	ved	fro	m e	ISSE	ets :	sole	эly	helo	l by	yo.	ur
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.	by	you	colui or sp	ous	e o	r de	pen	dent	chi	ld.	_			the re																										
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	٨	В	C) E	F	G	H	'	J K	L	M												Cı	JITT	ent	Ye	ar					P —	rec	ed	ling	g Y	/ea	г —		
location in Block A. Exclude: Your personal residence, including second																			ê	ı	11	ili r	v	VI	VΙΙ	Viti	x	()	u xı	ı ı	ı	1111	īv	V	vi	峫	VIII D	χĮχ	: XI	ХI
homes and vacation homes (unless there was rental income during the reporting period); any deposits total-ring \$5,000 or less in personal checking or sevings accounts; and any finencial interest in, or income derived from, a faderal retirement program, including the Thrift Sevings Plan.											,000,000,					1			ome or Farm Income)		,		3						\$1,000,000*	200,000,00										\$1,000,000*
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (OC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	6	-\$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000 \$50,001 - \$100,000	001 - \$250 000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	00'000' - \$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	<u>u</u>	DIVIDENDS	T	CADITAL GAINE	EXCEPTED BLIND TRUST	TAX-DEFERRED	Other Type of Income	(Specify: e.g., Partnership Income		\$1 - \$200	- \$1,000	01 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	001 - \$100,000	\$100,001 - \$1,000,000	00,000,000 - TOU,000	Over ap, uou, uou Snoissa/DC Income over \$1		\$200		01 - \$2,500	\$2,501 - \$6,000	\$5,001 - \$15,000	001 - \$50,000	\$50,001 - \$100,000	000 - \$1,000,000 00 001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000
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JT 1st Benk of Paduceh, KY accounts		\exists	Ī	T	X				士	T	ऻ			- 5	7		<u> </u>	<u>† </u>	****				X							1	T	Ī	L	X	士	士		土	士	T
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- Am. Century Heritage Fund			х	1					1	1		П			X		ľ					>					1			Ī	T	K				1	7	T	T	Γ
- Blackrock Equity Div. Fund			x										×		>	(х										х	:								
- Blackrock Global Fund				x									X	,	<	<)	(X	í					\prod			
- MFS Growth Fund			x												×						K									,										
- PIMCO Total Return Fund				X										K)	4					ſ	x										X								

For additional assets and unearned income, use next page.

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name William T. Griffin Page 4 of 6

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		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$100.0	\$250,001 - \$500,000	000	91,00	\$5,000,001 - \$25,000,000		Charles DC Asset near \$1 000 000*	ğ	DIVIDENDS	REN	INTEREST	CAPITA	EXCEPTED/BLIND TRUST	Ž.	5	None	\$1 - \$200	102	\$1,001 - \$2,500	\$2,501 - \$5,000	20,00	\$50,001	\$100,00	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouss/DC income over \$1,000,000*	None	27-14	02	3	3	\$15,001 - \$50,000	0004	\$100,00	\$1,000,001 - \$6,000,000	8	Spouse/DC Income over \$1,000,000*
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	Name William T. Griffin	Page <u>5</u> of <u>6</u>
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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.

				L				Am	ount c	y Liat	ility			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$60,000	C	\$100,001— \$250,000	\$250,001— \$500,000	# 000,000,18	61,000,001— 65,000,000	#5,000,0001— #25,000,000 H	\$25,000,001— \$50,000,000	Over \$50,000,000	Spouse/DC Liability over X \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х							
	NONE													
		1												· .

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.

Name William T. Griffin Page 6 of 6	_

SCHEDULE V - AGREEMENTS

service; contin	 parties to, and general terms of any agreement or arrangement with uation or deferral of payments by a former or current employer other the alned by a former employer. 	respect to: future employment; a leave of absence during the period of government an the U.S. Government; or continuing participation in an employee welfare or ben-
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
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Job Creator's Alliance - Dalias, 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
McGrawHill 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

GPO: 2013 78-995 (mac)

APR - 7 2014

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COTTOS OF THE CLERK TOURSE OF REPRESENTATIVES

	HOUSE OF REPRESENTA LOSURE STATEMENT	ATIVES	FOR			Page 1 of <u>6</u>
Period covered: Jan	nuary 1, <u>2014</u> - <u>April 6, 20</u>)14	For use by candidates	s and new employees		
Name: William	Г. Griffin	Daytin	ne Telephone:			
					(Office Use 0	Only)
Filer A Ho	andidate for the State:	•	of tton: <u>May 6, 2014</u>	Check if Amendment	A \$200 penalty shal against any individ more than 30 days is	ual who files
I. Did you or your spouse	have "earned" income (e.g., salaries or any source in the reporting period? ch Schedule I.	Yes X No	IV. Did you hold any r	eportable positions on or b		X No []
fees) of \$200 or more from if yes, complete and attac II. Did you, your spouse, o	any source in the reporting period? ch Schedule I. or a dependent child receive "unearned"	Yes X No	of filing in the current of the true of the second of the	calendar year or in the price	or two years? Yes	X № □
reportable asset worth mor ff yes, complete and attack	in the reporting period or hold any re than \$1,000 at the end of the period? ch Schedule II.	Yes X No	with an outside entity? If yes, complete and	· -	Yes	_ No X
III. Did you, your spouse, o able liability (more than \$10 if yes, complete and attac	or a dependent child have any report- 0,000) during the reporting period? ch Schedule III.	Yes No X		ompensation of more than two prior years? attach Schedule VI.		X No
Each	question in this part must b	e answered and the	appropriate sche	dule attached for	each "Yes" respons	ө.
EXCLUSION OF	SPOUSE, DEPENDENT,	OR TRUST INFO	RMATION — AN	NSWER EACH (OF THESE QUEST	TIONS
TRUSTS—Details regardisclosed. Have you exc	rding "Qualified Blind Trusts" approve cluded from this report details of suc	d by the Committee on E h a trust benefiting you, y	thics and certain other fo our spouse, or a depend	excepted trusts" need notent child?	ot be Yes	No X
	rou excluded from this report any other				ependent child Yes	No X

SCHEDULE I -	FARNED INC	COME (INCL	LIDING :	HONORARIA

Name William T. Griffin Page 2 of 6				_
	Willia Name	rn T. Griffin	Page _	2_ of 6_

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.

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

	Source (include date of receipt for honoraria)	Туре	Amo	unt
	Source (include date of receipt for norioralia)	iype	Current Year to Filing	Preceding Year
	XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
xamples:	First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
- Administra	XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
	Harris County, Texas Public Schools	Spouse Salary	NA NA	NA
Sulç	grave Partners LLC - New Bern, NC	Business Income	\$20,000	\$0
Han	nilton Place Strategies - Washington, DC	Business Income	\$0	\$192,000

Name William T. Griffin

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

SCHEDULE II — ASSETS AN	D	"U	IN	Ë/	AR	₹N	EΕ)"	IN	C)M	E								- 1			_	_													- ~3					<u> </u>
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Asset and/or Income Source	i			_			of /						l	Ţ	ype	9 0	f Ir	CO	me	•								A	mo	un	t o	l In	CO	m	B							
Identity (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 sources of income which generated more than \$200 in "unearmed" income during the year.	rei	port etho	ting od o	ye othe	ar. er th	lf ye han	sset ou u fair met	ma	a va rket	alua t val	tion		reti alk inv	rem W Betn	ent : you nants	to	ount che that	s the cose gen	t di ep eret	y. For o not ecific e tax- of (k)	ci in	hec Icor	k th ne	ets for the "N by contract of the pitch of t	lone hec	" cı	olun g th	nn. e a	For	all opi	oti iati	era bo	ass ox L	ets	, in ow.	dica Div	ate Ide	the end	cat	ego nte	res	of it,
Provide complete names of stocks and mutual funds (do not use ticker symbols).											epor aus		pla Ta	ns c x-D	or IR/	le) ed c	you colur	mary nn. D	che Md	ok the ends,				. Ch																		_
For all SPAs and other retirement plens (such as 401(k) plens) provide the value for each asset held in the account that exceeds the reporting thresholds.	it (en N	one	ted	inc	соп	e, ti	he v	alu	e st	oul	j	H clo	rei: ced	ives I as i	ted, nco	, 'N	ust Che	be k7	even dis- lone' come				olun or d						der	Ve	d fr	om	as	set	5 5	ole	ly h	eid	by	you	ΊĽ
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.	by	yo	ur s	spo	use	or	dep	end	lent	chi	-	_						peri			L		_								_						_					_
For an ownership interset in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	^	В	С	D	E	F	G	비	ٔ ا	J K		м												C	um	ent	Ye	ar	ı				I	Pr	ес	edi	nç	y Ye	эаг	,		
location in Block A. Exclude: Your personal residence, including second																		-	1	me)	1	н	m	IV V	VI	VII	VIII	ıχ	x	χį	CH.	1		H	īv	۷Ī	ηV	/H V	II IX	x	ΧI	ΧI
homes and vecition homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or sevings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.										2 8	3	1,000,000*						SI	ŀ	come or Farm Inco											\$1,000,000											\$1,000,000
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. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	None	-\$1,000	\$1,001 - \$15,000	\$15,001 \$50,000	\$50,001 - \$100,000	00'001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	000,000 - \$5,000,000	55,000,001 - \$25,000,000 55,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUE	Other Time of Income	Outer Type of income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	01 - \$1,000	\$1,001 - \$2,500	\$5.001 - \$15.000	\$15,001 \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over	24	\$1 - \$200	000,14 - 10	\$1,001 - \$2,500	501 - \$5,000	40,000 - 415,000	\$10,001 - \$00,000 \$50,001 - \$100,000	00.001 - \$1.000.000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*
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- Am. Century Heritage			X														X		İ		X														x							
- Blackrock Equity Div. Fund			х											X			x				X												X									Ĺ
- Blackrock Global Fund				х										X		x	x					x]	x							
- MFS Growth Fund			X														X				X													X								
- PIMCO Total Return				x	Γ											×	x	T	T			x				Ī					Ţ		T	x	T	T	T	T	T			

For additional assets and unearned income, use next page.

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Name William T. Griffin

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ontin	uation Sheet (if needed)																					L	Nac	ne	Wil	liar	n T	'. G	riff	n							┙	Pa	g e .	4	_ of.	_	_
	BLOCK A Asset and/or Income Source				V			CK of A	B \88	et					1	Гур		oci		m	Ð									Am		BLO nt			om	<u> </u>							
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т. Ж		None	\$1 - \$1,000	,001 - \$15,000	\$15,001 - \$50,000	0,001 – \$100,000	00.001 - \$250,000	\$250,001 - \$500,000	000,0001 - \$1,000,000	\$5,000,001 - \$25,000,000	5.000.001 - \$50.000.000	Art \$50,000,000	Spouse/DC Asset over \$1,000,000*	NON	DIVIDENDS	RENT	TEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	X-DEFERRED	Other Type of Income (Specify: e.g.,	PERUMPETAL MAXME OF PETRI INCOME.	None	E 000 13 - 1000	0		\$5,001 - \$15,000	5,001 - \$60,000		\$ 000,000,1% - 100,000 \$		Spouse/DC Income over 81,000,000*	ı		\$201 - \$1,000	\$1,001 \$2,500		1	Н	\$60,001 - \$100,000		000'000	CAME 45,000,000
	- Templeton Global Bond Fund	ž	\$	Σ X	69	33 (8	33 3	¥ ¥	a	33) ø	T <u>Z</u>	0	<u> </u>	_	X	Ω	2		1		क श्रे X	5	**	33	٠. د	8		6	8	Ž	•	X	•	3	*	-	*	=	====	5
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Name	William T. Griffin	Pege <u>5</u> of <u>6</u>

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.

									Ame	ount c	y Lial	dility			
SP, DC, JT		Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000 GB	C 000'0014	\$100,001— \$250,000	\$250,001— \$500,000 PM	#500,001— #1,000,000,11	G100,000,18	\$5,000,001— \$25,000,000 T	\$25,000,001— \$60,000,000	Dver \$50,000,000 —	Spouse/DC Lability over X
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х							
	None				<u> </u>										Ĺ

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 1; 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	Suigrave Partners, LLC
<u> </u>	

Use additional sheets if more space is required.

Name	William T. Griffin	Pa	ge	_ of	6

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
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Hamilton Place Strategies - Washington, DC	Public Relations Consulting

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Name	William T. Griffin	Page of

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.

		T						Am	ount c	امل ار	ility			
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$15,0001— \$15,000	\$16,001— \$50,000 BB	C 000'0018	\$100,001— \$250,000 ©	\$250,001 FR	-100,000,1 \$1,000,000,1	\$1,000,000,00 \$5,000,000	\$6,000,001— \$25,000,000 II	\$25,000,001— \$50,000,000	50,000,000 L	Spouse/DC Liability over 75 \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Х							
	None										_			
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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.

Name	William T. Griffin	Page	of

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	
Example: 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.		

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