



Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report



Stan Stanart
COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo: 201792
Received By Clerk: 1/13/2017
File Date: 1/18/2017 11:41:00 AM
Office: Justice Of The Peace Pct. 8, Place 1
Candidate: Williamson, Holly
Treasurer: Sinor, Michael
Category: Contributions And Expenditures
Delivered By: U.S. Mail
Type: COR

Harris County No Fee

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00000001**2 PAGE #**
1 of 6**3 CANDIDATE /
OFFICEHOLDER
NAME**MS / MRS / MR FIRST MI
Mrs. HOLLY
NICKNAME LAST SUFFIX
WILLIAMSON**OFFICE USE ONLY**

Date Received

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. BOX 531
DEER PARK, TX 77536-0531☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN
TREASURER
NAME**MS / MRS / MR FIRST MI
Mr. MICHAEL
NICKNAME LAST SUFFIX
KEITH SINOR

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2521 MAGNOLIA LANE
DEER PARK, TX 77536**7 CAMPAIGN
TREASURER
PHONE**AREA CODE PHONE NUMBER EXTENSION
(713) 444-1338**8 REPORT TYPE**☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer
appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)**9 PERIOD
COVERED**Month Day Year Month Day Year
07/01/2016 THROUGH 12/31/2016**10 ELECTION**ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ General ☐ Special**11 OFFICE**OFFICE HELD (if any)
HARRIS COUNTY JP PCT 8
PLC 1**12 OFFICE SOUGHT (if known)****GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

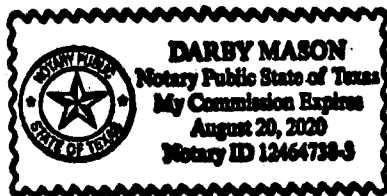
**FORM C/OH
COVER SHEET PG 2**
13 C/OH NAME WILLIAMSON, HOLLY (Mrs.)

14 ACCOUNT # (Ethics Commission filers)
00000001

**15 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures 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
☐ **GENERAL**
COMMITTEE ADDRESS
☐ **SPECIFIC**
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS
☐ additional pages

**16 CONTRIBUTION
TOTALS**
**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**
\$
3.43
**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**
\$
2,436.43
**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED
\$
1,206.39
4. TOTAL POLITICAL EXPENDITURES
\$
4,551.80
**CONTRIBUTION
BALANCE**
**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD**
\$
66,762.22
**OUTSTANDING
LOAN TOTALS**
**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**
\$
0.00
17 AFFIDAVIT


AFFIX NOTARY STAMP / SEAL ABOVE

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Holly Williamson

this the

13th

day

on January 17, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Darby Mason

Print name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/6

2 FILER NAME WILLIAMSON, HOLLY (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00000001

4 Date

10/19/2016

5 Full name of contributor ☐ out-of-state PAC (ID# _____)

C CLUB PAC

6 Contributor address; City; State; Zip Code**7** Amount of contribution (\$)

\$783.00

8 In-kind contribution description (if applicable)JOINT POLITICAL
ADVERTISING
BOUGHT ON BEHALF
OF CAMPAIGN BY C
CLUB PAC(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

11/04/2016

Full name of contributor ☐ out-of-state PAC (ID# _____)

HAA BETTER GOVERNMENT FUND

Contributor address; City; State; Zip Code

4810 WESTWAY PARK BLVD
HOUSTON, TX 77041

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/07/2016

Full name of contributor ☐ out-of-state PAC (ID# _____)

SWINDOLL, CHARLES

Contributor address; City; State; Zip Code

10534 NORTH L. ST.
LA PORTE, TX 77571

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 4/6		2 FILER NAME WILLIAMSON, HOLLY (Mrs.)		3 ACCOUNT # (TEC filers) 00000001	
4 Date 07/02/2016		5 Payee name AdDELAIDE'S BOTIQUE			
6 Amount (\$) \$143.97		7 Payee address City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE GIFTS <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 08/06/2016		Payee name AdDELAIDE'S BOTIQUE			
Amount (\$) \$101.76		Payee address City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> OFFICE GIFTS <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 10/24/2016		Payee name APPLE STORE			
Amount (\$) \$213.75		Payee address City: State: Zip Code TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - CAMPAIGN		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> CAMPAIGN EQUIPMENT <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 08/02/2016		Payee name ARGYLE WINERY			
Amount (\$) \$528.26		Payee address City: State: Zip Code TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PROMOTIONAL AUCTION <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:	

POLITICAL EXPENDITURES**SCHEDULE F**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 5/6

2 FILER NAME
WILLIAMSON, HOLLY (Mrs.)

3 ACCOUNT # (TEC filers)
00000001

4 Date
10/24/2016

5 Payee name
CLEAR LAKE AREA CHAMBER OF COMMERCE

6 Amount (\$)
\$341.00

7 Payee address City; State; Zip Code
HOUSTON, TX

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
OTHER - DUES

(b) Description (If travel outside of Texas, complete Schedule T) ☐
DUES

☐ 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
07/02/2016

Payee name
CRAWFORD-ZBANEK SCHOLARSHIP FUND

Amount (\$)
\$500.00

Payee address City; State; Zip Code
TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description (If travel outside of Texas, complete Schedule T) ☐
POLITICAL AD SPONSOR

☐ Check If Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
11/04/2016

Payee name
HOUSTON BALLET

Amount (\$)
\$150.00

Payee address City; State; Zip Code
TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Description (If travel outside of Texas, complete Schedule T) ☐
DONATION

☐ Check If Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

Date
07/12/2016

Payee name
LUNAR RENDEZVOUS

Amount (\$)
\$250.00

Payee address City; State; Zip Code
TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Advertising Expense

Description (If travel outside of Texas, complete Schedule T) ☐
POLITICAL AD SPONSOR

☐ Check If Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
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Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/3 Report: 6/6	2 FILER NAME WILLIAMSON, HOLLY (Mrs.)	3 ACCOUNT # (TEC filers) 00000001
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4 Date 07/06/2016	5 Payee name PASADENA BAR ASSOCIATION
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6 Amount (\$) \$175.00	7 Payee address City: State: Zip Code TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER - DUES	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DUES
	<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:
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Date 11/25/2016	Payee name PASADENA CHAMBER OF COMMERCE
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Amount (\$) \$175.00	Payee address City: State: Zip Code PASADENA, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - DUES	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> DUES
	<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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Date 10/25/2016	Payee name PASADENA RODEO
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Amount (\$) \$766.67	Payee address City: State: Zip Code PASADENA, TX
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> POLITICAL SPONSORSHIP AD
	<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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Holly
P.O. Box 531
Deer Park, TX
77534

RECORDER'S MEMORANDUM:
At the time of recordation, this instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc. All blackouts, additions and changes were present at the time the instrument was filed and recorded.

Stan Stanart
Harris County Clerk
201 Caroline, 3rd Floor
Room 330
Houston, TX 77002

NEOPOST
01/13/2017
FIRST-CLASS MAIL
US POSTAGE \$000.94
ZIP 77505
041M10270669