



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		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX WILLIAMSON		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 531 DEER PARK, TX 77536-0531		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. MICHAEL		
	NICKNAME LAST SUFFIX KEITH SINOR		
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	<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)		
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 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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

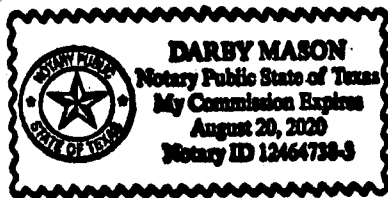
13 C/OH NAME WILLIAMSON, HOLLY (Mrs.)

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)**

COPY

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: 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****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: 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) <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:
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) <input type="checkbox"/> POLITICAL AD SPONSOR		
	<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 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) <input type="checkbox"/> DONATION		
	<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 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) <input type="checkbox"/> POLITICAL AD SPONSOR		
	<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: 3/3 Report: 6/6

2 FILER NAME
WILLIAMSON, HOLLY (Mrs.)

3 ACCOUNT # (TEC filers)
00000001

4 Date
07/06/2016

5 Payee name
PASADENA BAR ASSOCIATION

6 Amount (\$)
\$175.00

7 Payee address City; State; Zip Code
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
11/25/2016

Payee name
PASADENA CHAMBER OF COMMERCE

Amount (\$)
\$175.00

Payee address City; State; Zip Code
PASADENA, TX

PURPOSE OF EXPENDITURE

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

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

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:

Date
10/25/2016

Payee name
PASADENA RODEO

Amount (\$)
\$766.67

Payee address City; State; Zip Code
PASADENA, 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 SPONSORSHIP AD

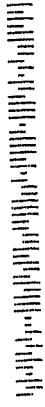
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought:

Office held:



Holly

P.O. Box 531

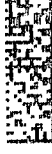
Deer Park, TX

77534

NEOPOST

01/13/2017

US POSTAGE \$000.94



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RECORDER'S MEMORANDUM:
At the time of reproduction, 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