



Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

Campaign Finance Report

FileNo:	2017297
Received By Clerk:	7/19/2017
File Date:	July 19, 2017
Office:	County Judge
Candidate:	Williams, Lashawn
Treasurer:	Not Available
Category:	Contributions And Expenditures
Delivered By:	Electronically Filed
Type:	COR

Harris County No Fee

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2  
2 of 12

13 C / OH NAME Williams, Lashawn

14 Filer ID

15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

☐ Additional Pages

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,270.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 709.72

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.10

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

14 JC/OH NAME

15 Filer ID (Ethics Commission Filer)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,270.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 709.72

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

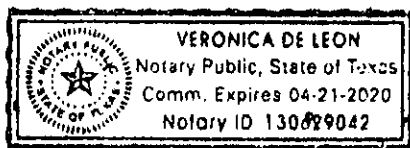
\$ 0.10

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 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 Veronica De Leon, this the 17 day of July, 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Veronica De Leon

Printed name of officer administering oath

Notary

Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3  
3 of 12

18 FILER NAME Williams, Lashawn		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 2,270.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 459.72
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 250.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

2017297

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/12
2 FILER NAME Williams, Lashawn		3 Filer ID
4 Date 06/01/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BeCoats, Lewis 6 Contributor address; City; State; Zip Code 100 Harrier Court Lavergne, TN 37086	7 Amount of Contribution (\$) \$150.00
8 Contributor's Principal Occupation unk		9 Contributor's Job Title unk
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bynum, Quinton Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Unk		Contributor's Job Title Unk
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johnson, D'ondreia Contributor address; City; State; Zip Code 6307 Tuskegee St Houston, TX 77091	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Accountant		Contributor's Job Title Accountant
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 2/6 Rpt: 5/12

2 FILER NAME  
Williams, Lashawn

3 Filer ID

4 Date  
06/01/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kimbrough, Joy

7 Amount of Contribution (\$) \$50.00

6 Contributor address; City; State; Zip Code  
306 Gay St  
102  
Nashville, TN 37201

8 Contributor's Principal Occupation  
Attorney

9 Contributor's Job Title  
Attorney

10 Contributor's employer/law firm  
Kimbrough and Jackson

11 Law firm of contributor's spouse (if any)  
na

12 If contributor is a child, law firm of parent(s) (if any)  
na

Date  
06/01/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
McBride, Marshall

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code  
4503 Cedar Hill Ct  
Missouri City, TX 77459

Contributor's Principal Occupation  
Program Specialist

Contributor's Job Title  
Program Specialist

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date  
06/01/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
McBride, Maurice

Amount of Contribution (\$) \$50.00

Contributor address; City; State; Zip Code  
11355 Corolla Trail  
Houston, TX 77066

Contributor's Principal Occupation  
Probation Officer

Contributor's Job Title  
Probation Officer

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

2017297

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/12
2 FILER NAME Williams, Lashawn		3 Filer ID
4 Date 06/01/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCall, Samuel	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code 1134 Ben Hill Blvd.  Nashville, TN 37135	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCullough, Bridgette	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1401 McKinney  Housotn, TX 77010	
Contributor's Principal Occupation Analyst		Contributor's Job Title Analyst
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/01/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muharib, Wisam	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 2911 Hardy St  Houston, TX 77009	
Contributor's Principal Occupation unk		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 4/6 Rpt: 7/12

2 FILER NAME  
Williams, Lashawn

3 Filer ID

4 Date  
06/01/2017

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Sailee, Jamilah

7 Amount of Contribution (\$) \$70.00

6 Contributor address; City; State; Zip Code  
One Century Place

Nashville, TN 37214

8 Contributor's Principal Occupation  
Sales

9 Contributor's Job Title  
Sales

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date  
06/01/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Satterfield, Kevin

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
11903 232 St

Kambria Heights, NY 11411

Contributor's Principal Occupation  
Retired

Contributor's Job Title  
Retired

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date  
06/01/2017

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Stevens, Guylie

Amount of Contribution (\$) \$100.00

Contributor address; City; State; Zip Code  
4509 NW Santa Fe Ave

Lawton, OK 73505

Contributor's Principal Occupation  
Retired

Contributor's Job Title  
Retired

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)



# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

2017297

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 5/6 Rpt: 8/12

2 FILER NAME

Williams, Lashawn

3 Filer ID

4 Date

06/01/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wells, Derek

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

333 Clay St

Houston, TX 77002

8 Contributor's Principal Occupation

Accountant

9 Contributor's Job Title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

06/01/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Williams, Anita

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

15927 Maple Shores

Houston, TX 77044

Contributor's Principal Occupation

Retired

Contributor's Job Title

Retired

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

06/01/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Williams, Brian

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

6772 Island Dr

Grand Prairie, TX 75054

Contributor's Principal Occupation

Owner

Contributor's Job Title

Owner

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:  
Sch: 6/6 Rpt: 9/12

2 FILER NAME

Williams, Lashawn

3 Filer ID

4 Date

06/01/2017

5 Full name of contributor

☐ out-of-state PAC (ID#:

Wilson, Clara and David

7 Amount of Contribution (\$)

\$600.00

6 Contributor address; City; State; Zip Code

443 Benetton Drive

San Antonio, TX 78253

8 Contributor's Principal Occupation

Retired

9 Contributor's Job Title

Retired

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 10/12		2 FILER NAME Williams, Lashawn		3 Filer ID
4 Date 06/09/2017		5 Payee name AB Consulting		
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 18482 Kuykendahl Road No. 199 Spring, TX 77379		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 06/16/2017		Payee name Office Depot		
Amount (\$) \$21.00		Payee address; City; State; Zip Code TX		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Supplies  (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 06/13/2017		Payee name Victory Fund		
Amount (\$) \$100.00		Payee address; City; State; Zip Code TX		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/12		2 FILER NAME Williams, Lashawn		3 Filer ID
4 Date 06/02/2017		5 Payee name Vistaprint		
6 Amount (\$) \$219.21		7 Payee address; City; State; Zip Code  TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banners and stands	
9 Complete ONLY if direct expenditure to benefit C/OH				
Date 06/19/2017		Candidate/Officeholder name Wal-Mart		
Amount (\$) \$19.51		Payee address; City; State; Zip Code  Pearland, TX 77584		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) supplies		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense supplies	
Complete ONLY if direct expenditure to benefit C/OH				
Candidate/Officeholder name Office sought Office held				

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 12/12	2 FILER NAME Williams, Lashawn	3 Filer ID
4 Date 05/31/2017	5 Payee name Campaign	
6 Amount (\$) \$250.00  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held