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2017282

Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report

COPY



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

FileNo:	2017282
Received By Clerk:	7/18/2017
File Date:	July 17, 2017
Office:	County Civil Court At Law 3
Candidate:	Williams, Lashawn
Treasurer:	Not Available
Category:	Contributions And Expenditures
Delivered By:	Electronically Filed
Type:	COR

Harris County No Fee

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

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The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 7			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Lashawn	MI	OFFICE USE ONLY Date Received		
	NICKNAME	LAST Williams	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked		
	2411 Dowling St			Receipt #		
	Houston, TX 77004			Amount		
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	NICKNAME	LAST	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input 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 checked="" 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
		01/01/2017		THROUGH	06/30/2017	
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		11/08/2017		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) County Civil Court at Law Place 3		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2
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13 C / OH NAME Williams, Lashawn	14 Filer ID
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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)	\$	670.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	250.00
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

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SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3
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18 FILER NAME Williams, Lashawn		19 Filer ID
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 670.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$
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		\$

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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: 1/3 Rpt: 4/7
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#: _____) 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 na		
Date 06/01/2017	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/7
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#: _____) McCullough, Bridgette	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 1401 McKinney Housotn, TX 77010	
8 Contributor's Principal Occupation Analyst		9 Contributor's Job Title Analyst
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#: _____) Sailee, Jamilah	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code One Century Place Nashville, TN 37214	
Contributor's Principal Occupation Sales		Contributor's Job Title Sales
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#: _____) 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)		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/7
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#: _____) Stevens, Guylie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code 4509 NW Santa Fe Ave Lawton, OK 73505	
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#: _____) 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 <input type="checkbox"/> 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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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

2017282

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 7/7	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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 blockouts, additions and changes were present at the time the instrument was filed and recorded.