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Official Public Records of  
Harris County  
Stan Stanart  
County Clerk

## Campaign Finance Report



*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

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; 2411 Dowling St  Houston, TX 77004			ZIP CODE	
				Date Hand-delivered or Date Postmarked	
				Receipt #	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 01/01/2017		THROUGH	Month   Day   Year 06/30/2017	
10 ELECTION	ELECTION DATE Month   Day   Year 11/08/2017		ELECTION TYPE		
			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) County Civil Court at Law Place 3	
GO TO PAGE 2					

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2  
2 of 7

2017282

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) \$ 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

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3  
3 of 7

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)	\$ 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	\$

# 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

☐ 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

☐ 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

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 6 Contributor address; City; State; Zip Code 1401 McKinney Houston, TX 77010	7 Amount of Contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code One Century Place Nashville, TN 37214	Amount of Contribution (\$) \$70.00
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 Contributor address; City; State; Zip Code 11903 232 St Kambria Heights, NY 11411	Amount of Contribution (\$) \$100.00
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

2017282

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 6 Contributor address; City; State; Zip Code 4509 NW Santa Fe Ave Lawton, OK 73505	7 Amount of Contribution (\$) \$100.00
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 Contributor address; City; State; Zip Code 15927 Maple Shores Houston, TX 77044	Amount of Contribution (\$) \$50.00
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 Contributor address; City; State; Zip Code 6772 Island Dr Grand Prairie, TX 75054	Amount of Contribution (\$) \$100.00
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

## 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: 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 Loan  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <b>ONLY</b> 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.