



Official Public Records of
Harris County
Stan Stanart
County Clerk

Campaign Finance Report

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



Stan Stanart
COUNTY CLERK
HARRIS COUNTY, TEXAS

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 Mrs.	FIRST HOLLY	MI
	NICKNAME	LAST WILLIAMSON	SUFFIX
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		
	Date Received		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST MICHAEL	MI
	NICKNAME KEITH	LAST SINOR	SUFFIX
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		
	Date Hand-delivered or Date Postmarked		
7 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 444-1338	EXTENSION
	Receipt # Amount		
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		
	Month Day Year	ELECTION TYPE <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

additional pages

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 \$ 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

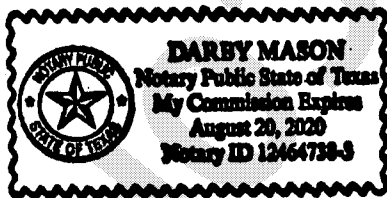
CONTRIBUTION BALANCE

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.

Holly Williamson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Holly Williamson, this the 13th day of January 2017, to certify which, witness my hand and seal of office.

Darby Mason
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 <input type="checkbox"/> 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) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/04/2016	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/07/2016	Full name of contributor <input type="checkbox"/> 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) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

COPY

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

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			
8 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	
9 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			
8 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	
9 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			
8 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	
9 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: 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

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