



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



Stan Stanart

COUNTY CLERK
HARRIS COUNTY, TEXAS

Harris County No Fee

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

FORM JC/OH
COVER SHEET PG 2
2 of 12

2017297

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)	\$	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.

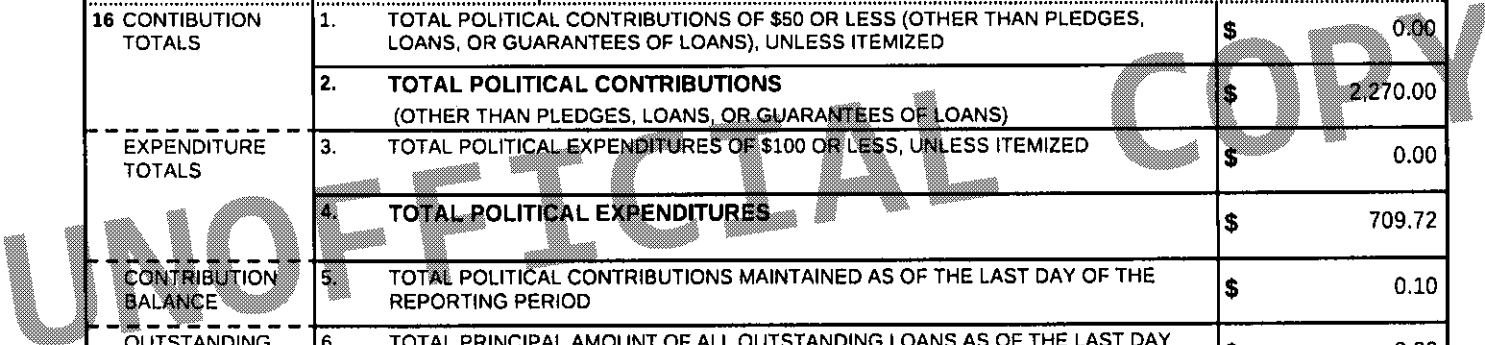
Signature of Candidate or Officeholder

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

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

14 JC/OH NAME _____ 15 Filer ID (Ethics Commission Filers) _____

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: GENERAL SPECIFIC

COMMITTEE NAME _____

COMMITTEE ADDRESS _____

COMMITTEE CAMPAIGN TREASURER NAME _____

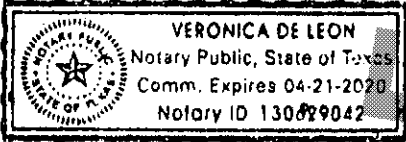
COMMITTEE CAMPAIGN TREASURER ADDRESS _____

Additional Pages

17 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

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

Veronica De Leon _____
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

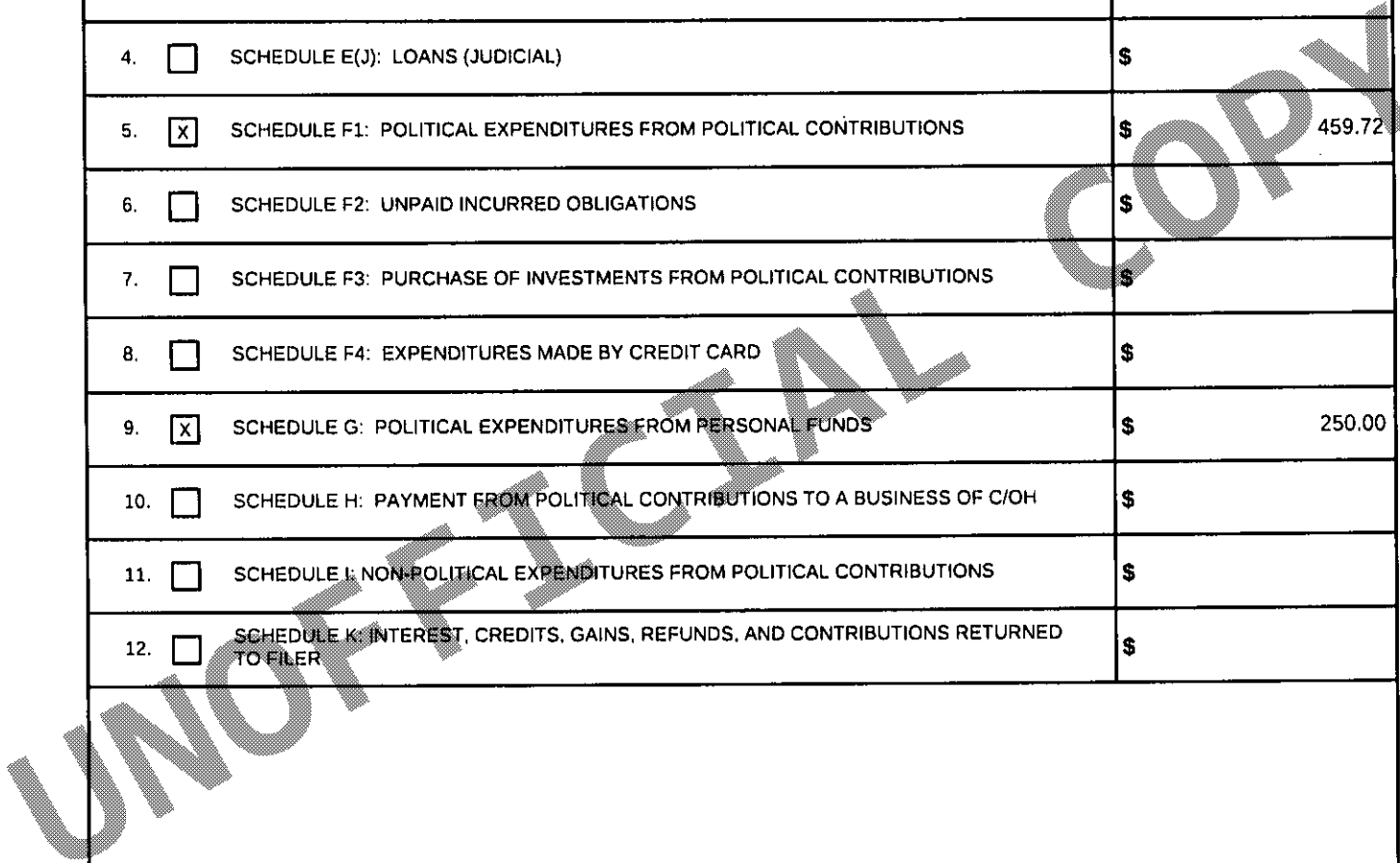
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SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3
 3 of 12

18 FILER NAME Williams, Lashawn	19 Filer ID
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	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	\$



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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

2017297

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

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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: 2/6 Rpt: 5/12
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#: _____) 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)		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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

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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: 4/6 Rpt: 7/12
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#: _____) 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 <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)		
Date 06/01/2017	Full name of contributor <input type="checkbox"/> 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)		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

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<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/12</p>
<p>2 FILER NAME Williams, Lashawn</p>		<p>3 Filer ID</p>
<p>4 Date 06/01/2017</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Derek</p> <p>6 Contributor address; City; State; Zip Code 333 Clay St Houston, TX 77002</p>	<p>7 Amount of Contribution (\$) \$100.00</p>
<p>8 Contributor's Principal Occupation Accountant</p>		<p>9 Contributor's Job Title</p>
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 06/01/2017</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Anita</p> <p>Contributor address; City; State; Zip Code 15927 Maple Shores Houston, TX 77044</p>	<p>Amount of Contribution (\$) \$50.00</p>
<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 06/01/2017</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Brian</p> <p>Contributor address; City; State; Zip Code 6772 Island Dr Grand Prairie, TX 75054</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Contributor's Principal Occupation Owner</p>		<p>Contributor's Job Title Owner</p>
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

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

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		Candidate/Officeholder name		Office sought Office held	
Date 06/19/2017		Payee 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 | 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: 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 it travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check it Austin, TX, officeholder living expense Loan
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		