

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8904

FILE

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID	2016 JUL 15 11:39 AM	2 Total pages filed	6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> Date Received	
		Kim			
	NICKNAME	LAST	SUFFIX	Travis County Texas	
		Williams			
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	
	P.O. Box 300688			Receipt #	Amount
	Austin, TX 78703			Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
		Mary Ann			
	NICKNAME	LAST	SUFFIX		
		Neely			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	1908 Barton Parkway Austin, TX 78704				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(512)	496-7083			
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	THROUGH	Month Day Year		
	01/01/2016		06/30/2016		
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	11/08/2016		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
	Travis County Court at Law, #9		Travis County Court at Law, #9		

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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS


FORM JC/OH  
COVER SHEET PG 2  
2 of 6

13 C / OH NAME Williams, Kim	14 Filer ID
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	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"/> 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	\$	25.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	525.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	1.56
	4.	TOTAL POLITICAL EXPENDITURES	\$	4,402.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	64,225.56
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

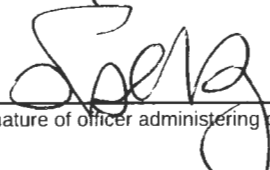


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Kim Williams*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kim Williams, this the 13<sup>th</sup> day of July, 2016, to certify which, witness my hand and seal of office.

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

Susan Harry

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

Notary

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

**SUBTOTALS - JC/OH**

<b>18 FILER NAME</b> Williams, Kim	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 525.00
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	\$ 4,283.56
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 119.40
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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: 1/1 Rpt: 4/6

2 FILER NAME  
Williams, Kim

3 Filer ID

4 Date  
03/23/2016

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Equity 4 Austin MSA

7 Amount of Contribution (\$) \$500.00

6 Contributor address; City; State; Zip Code  
3571 Far West Blvd  
#149  
Austin, TX 78731

8 Contributor's Principal Occupation

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)

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 5/6	<b>2</b> FILER NAME Williams, Kim	<b>3</b> Filer ID
<b>4</b> Date 01/25/2016	<b>5</b> Payee name Susan Harry Consulting	
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 301074  Austin, TX 78703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance consulting fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/29/2016	Candidate/Officeholder name Travis County Democratic Party	
Amount (\$) \$4,000.00	Office sought Office held	
Date 06/29/2016	Payee name Travis County Democratic Party	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1311 E 6th St  Austin, TX 78702	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pro-rata donation for TCDP coordinated campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2016	Candidate/Officeholder name USPS	
Amount (\$) \$82.00	Office sought Office held	
Date 03/31/2016	Payee name USPS	
Amount (\$) \$82.00	Payee address; City; State; Zip Code 3507 N Lamar Blvd  Austin, TX 78705	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense P.O. Box rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F2: Sch: 1/1 Rpt: 6/6		2 FILER NAME Williams, Kim		3 Filer ID	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
5 Date 06/30/2016		6 Payee name Fischer, Huey Rey (Mr.)			
7 Amount (\$) \$119.40		8 Payee address; City; State; Zip Code 1601 E St  Floresville , TX 78114			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 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 Website hosting and domain	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	