

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Judy Harrison		Elaine
	NICKNAME	LAST	SUFFIX
	Judy	Harrison	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	[REDACTED] 77089		
OFFICE USE ONLY			
Date Received			
RECEIVED JUN 02 2025			
MR			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	507-4027	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Sandra Williams		Kay
	NICKNAME	LAST	SUFFIX
		Williams	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	[REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(281)	635-6578	
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	04	124	2025
	THROUGH		Month Day Year
	THROUGH		05 / 130 / 2025
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	06	07	2025
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description		
	<input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	None	San Jacinto College Board of Trustees, Position 3	
14 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	COMMITTEE NAME	
<input type="checkbox"/> GENERAL			
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Judith E. Harrison</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 300
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2300
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3992.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 57.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Judith E. Harrison
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is *Judith E. Harrison*, and my date of birth is [REDACTED]
My address is [REDACTED] *Harris* (street) (city) (state) (zip code) (country)

Executed in *Harris* County, State of *Texas*, on the *30th* day of *May*, 20*25*.
(month) (year)

Judith E. Harrison
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 3992.74
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2000.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

(This area is intentionally left blank for additional information or comments.)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/2

2 FILER NAME

Judith E. Harrison

3 Filer ID (Ethics Commission Filers)

4 Date

5/27/25

5 Full name of contributor

William F. Burge III

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1000

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Developer

9 Employer (See Instructions)

Ayrshire Corporation

Date

5/15/25

Full name of contributor

Dimitris G. Millas

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Lawyer

Employer (See Instructions)

NRF LLC

Date

5/12/25

Full name of contributor

James B. Bishop

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

5/14/25

Full name of contributor

Chris Clark

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$150

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>2/2</i>
2 FILER NAME <i>Judith Harrison</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/12/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Asim Tufail</i>	7 Amount of contribution (\$) <i>\$500</i>
6 Contributor address; _____ City: _____ State: _____ Zip Code _____		
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>Blackline Engineering</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; _____ City: _____ State: _____ Zip Code _____	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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 F1:	2 FILER NAME <i>Judith Harrison</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	--	---------------------------------------

4 Date <i>05/30/2025</i>	5 Payee name <i>DeVine Promotions + Printing LLC</i>
-----------------------------	---

6 Amount (\$) <i>\$3170.22</i>	7 Payee address; <i>5411 Brookglen Suite B</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77017</i>
-----------------------------------	---	-------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing/Postage</i>	(b) Description <i>Campaign Mailer + postage</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <i>05/30/2025</i>	Payee name <i>South Belt Graphics + Printing</i>
---------------------------	---

Amount (\$) <i>\$557.85</i>	Payee address; <i>11555 Beamer Rd</i>	City; <i>Houston</i>	State; <i>TX</i>	Zip Code <i>77089</i>
--------------------------------	--	-------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>Handouts + Business Cards Advertising</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <i>05/17/2025</i>	Payee name <i>Judy Harrison</i>
---------------------------	------------------------------------

Amount (\$) <i>\$264.67</i>	Payee address; [REDACTED] City; [REDACTED] State; [REDACTED] Zip Code [REDACTED]
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>t-posts + zip ties</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED