

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7243

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Yvonne M. NICKNAME LAST SUFFIX WILLIAMS		<b>OFFICE USE ONLY</b>  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 142248 AUSTIN, TX 78714		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 913-9044		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Albert NICKNAME LAST SUFFIX BLACK		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1013 Weeping Willow Dr. Aust. TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 339-4788		
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 9 / / 09    THROUGH    1 / 15 / 10		
11 ELECTION	ELECTION DATE Month Day Year 3 / 2 / 10	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice Peace Act!	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **  Name  Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

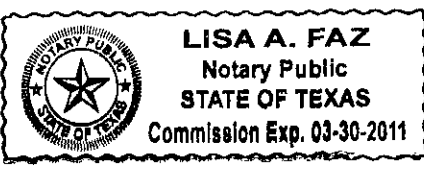
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission Filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	<p><small>** 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. **</small></p>		
<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,535
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,475.62
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,060.30
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**



**LISA A. FAZ**  
Notary Public  
STATE OF TEXAS  
Commission Exp. 03-30-2011

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.

*Yvonne Michelle Williams*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Yvonne Michelle Williams, this the 15 day of January, 2010, to certify which, witness my hand and seal of office.

Dora A. Faz      Lisa A. Faz      Admin. Secretary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

FILER NAME

*Yvonne M. Williams*

3 ACCOUNT # (Ethics Commission filers)

Date

*12/9/09*

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

*Velva Price*

7 Amount of contribution (\$)

*100*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1601 Ridgemont Dr.  
Austin, Tx 78723*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*12/10/09*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Craig Howard*

Amount of contribution (\$)

*200*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
*705 Clear Spring Cove  
Round Rock, Tx 78665*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/17/09*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Connie A. Miller*

Amount of contribution (\$)

*100*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
*30809 Berry Creek Dr.  
Georgetown, Tx 78628*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/20/09*

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*Joyce Hunt*

Amount of contribution (\$)

*1,000*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
*8000 Parliament PL  
Austin, Tx*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

FILER NAME

Y  
Yvonne M. Williams

3 ACCOUNT # (Ethics Commission filers)

Date

12/1/09

5 Full name of contributor  out-of-state PAC (ID#:

Kevin McGillicuddy

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4020 Pinckney St.  
Austin, TX 78223

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/2/09

Full name of contributor  out-of-state PAC (ID#:

Samuel Chappell

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/20/09

Full name of contributor  out-of-state PAC (ID#:

Donald Williams

Amount of contribution (\$)

40

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8000 Decker Ln #1414  
Austin, TX 78727

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#:

Art Turner

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1806 Westmoor  
Austin, TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

FILER NAME

*Yvonne M. Williams*

3 ACCOUNT # (Ethics Commission filers)

Date 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*11/2/09*

*Lois White*

7 Amount of contribution (\$)

*25-*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*7304 Geneva Dr  
Austin, TX 78723*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*11/2/09*

*N. J. Huestis*

Amount of contribution (\$)

*100*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4411 Spicewood Springs, Apt 1005  
Austin, TX 78759*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*11/2/09*

*DANNY THOMAS*

Amount of contribution (\$)

*200*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6814 Hillcroft Dr  
Austin, TX 78724*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*11/2/09*

*Benjamin Blackburn*

Amount of contribution (\$)

*1,000*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*112 Colorado St. No. 1406  
Austin, TX 78701-2145*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

*12/5/09*

*Robert E. LANG*

Amount of contribution (\$)

*100*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*3023 Fall Crest  
San Antonio, TX 78247-3221*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

FILER NAME

Yvonne M. Williams

3 ACCOUNT # (Ethics Commission filers)

Date: 11/30/09  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Deonette M. Goodspeed  
 6 Contributor address; City; State; Zip Code  
 111 W. Anderson LN, STE E 310  
 Austin, TX 78752

7 Amount of contribution (\$): 50  
 8 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 11/30/09  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Willie Yancy III  
 Contributor address; City; State; Zip Code  
 14041 NW Fwy # 338  
 Houston, TX 77040

Amount of contribution (\$): 100  
 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 11/2/09  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Margaret S. Goggan  
 Contributor address; City; State; Zip Code  
 6820 Cypress PTN. No. 2  
 Austin, TX 78746

Amount of contribution (\$): 250  
 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 11/2/09  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Nat Bradford  
 Contributor address; City; State; Zip Code  
 5507 Basswood LN  
 Austin, TX 78723

Amount of contribution (\$): 60  
 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 11/2/09  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 Mark A. Sampson  
 Contributor address; City; State; Zip Code  
 605 W. Oltorf  
 Austin, TX

Amount of contribution (\$): 250  
 In-kind contribution description (if applicable):  
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

FILER NAME

*Yvonne M. Williams*

3 ACCOUNT # (Ethics Commission filers)

5 Full name of contributor  out-of-state PAC (ID#:

*Alexander J. Beckles*

7 Amount of contribution (\$)

*1,000*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*4659 A South 28th Rd  
Arlington, VA 22206*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Owner Alexander Beckles LLC*

10 Employer (See Instructions)

*Self*

Date Full name of contributor  out-of-state PAC (ID#:

*10/27/09*

*Nathaniel Aniekwa*

Amount of contribution (\$)

*250*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*P.O. Box 14144  
Austin, Texas 78761*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

*Owner NNA Financial Services Co*

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#:

*10/17/09*

*Wimerson W. Washington*

Amount of contribution (\$)

*50*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*8769 Seven Seas Dr.  
San Antonio, TX 78242-2902*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#:

*10/28/09*

*Alexander J. Beckles*

Amount of contribution (\$)

*1,000*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4659 A South 28th Rd  
Arlington, VA 22206*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID#:

*10/15/09*

*Patricia TATE*

Amount of contribution (\$)

*25*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4925 Av P 1/2  
Galveston, TX 77551*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

FILER NAME Yvonne M. Williams 3 ACCOUNT # (Ethics Commission filers)

Date <u>10/24/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joyce Hunt</u> 6 Contributor address; City; State; Zip Code <u>6406 N. IH35 Ste 2800</u> <u>Austin, TX 78752</u>	7 Amount of contribution (\$)  <u>200</u>  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) Owner Mitchell's Gallery 10 Employer (See Instructions)

Date <u>10/19/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth W. Lawson</u> Contributor address; City; State; Zip Code <u>2210 Bassett Dr.</u> <u>Arlington, TX 76018</u>	Amount of contribution (\$)  <u>100</u>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions)

Date <u>11/2/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Evelyn McKee</u> Contributor address; City; State; Zip Code <u>7601 Glenhill CV</u> <u>Austin, TX 78752-2010</u>	Amount of contribution (\$)  <u>100</u>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions)

Date <u>11/30/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Carla Gregg Sears</u> Contributor address; City; State; Zip Code <u>3014 Red Bay</u> <u>Cedar Park, TX 78613-5559</u>	Amount of contribution (\$)  <u>75</u>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions)

Date <u>11/30/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Susan E. Richardson</u> Contributor address; City; State; Zip Code <u>6552 S. Kimbark Ave, Apt 2N</u> <u>Chicago, Ill 60637</u>	Amount of contribution (\$)  <u>100</u>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
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Principal occupation / Job title (See Instructions) \_\_\_\_\_ Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
FILER NAME <i>Yvonne M. Williams</i>		3 ACCOUNT # (Ethics Commission filers)	
Date <i>11/2/09</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antonio Wehnes</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>1602 E. 7th St Austin, Tx 78702</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>11/2/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charles &amp; Lisa Popper</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>713 W. 14th St. Austin, Tx 78701</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/2/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hermes E. Flores</i>	Amount of contribution (\$) <i>600</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>812 San Antonio, Street Austin, Tx 78701</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date <i>11/2/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Calamia</i>	Amount of contribution (\$) <i>1,000</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>812 San Antonio St, Ste 310 Austin, Tx 78701-2224</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>11/1/09</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Morris L. Overstreet</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>P.O. Box 35 Prairie View, Tx 77446</i>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

FILER NAME

Yvonne M. Williams

3 ACCOUNT # (Ethics Commission filers)

Date

11/2/09

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

David Chambers

7 Amount of contribution (\$)

500-

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
1104 Nueces, Ste 208  
Austin, Texas 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/2/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dana Weis

Amount of contribution (\$)

50-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
6903 Treaty Oak Cir  
Austin, Tx

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Laurie J. Swann

Amount of contribution (\$)

125-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
2611 Maria Anna Rd  
Austin, Tx

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

William H. Armstrong III

Amount of contribution (\$)

250-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
98 San Jacinto Ste 220  
Austin, Tx 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/2/09

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bonnie Cook Freeman

Amount of contribution (\$)

125-

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
5020 Shoal Creek Blvd  
Austin, Tx 78756

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

FILER NAME Yvonne M. Williams 3 ACCOUNT # (Ethics Commission filers)

Date <u>11/19/09</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Travis County Sheriffs OFFICE PAC</u> 6 Contributor address; City; State; Zip Code <u>400 W. 14th St #200</u> <u>Austin, TX 78701</u>	7 Amount of contribution (\$) <u>300-</u>	8 In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
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Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <u>12/2/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Albert Betts</u> Contributor address; City; State; Zip Code <u>701 Brazos #1500</u> <u>Austin, TX 78701</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12/3/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wayne Lockett</u> Contributor address; City; State; Zip Code <u>1001 McKinney, Ste 1250</u> <u>Houston, TX 77002</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>11/2/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jane Stone</u> Contributor address; City; State; Zip Code <u>P.O. Box 30111</u> <u>Austin, TX 78755</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>12/20</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>B. J. Hassell</u> Contributor address; City; State; Zip Code <u>4159 Steck</u> <u>Austin, TX 78759-8585</u>	Amount of contribution (\$) <u>60</u>	In-kind contribution description (if applicable)  (If travel outside of Texas, complete Schedule T)
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Principal occupation / Job title (See Instructions) Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Vonne M. Williams* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11/2/09</i>	5 Payee name <i>Kinko's</i>	7 Amount (\$) <i>157.14</i>
6 Payee address; City; State; Zip Code <i>327 Congress Ave Austin, TX 78701</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>copying &amp; graphics</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>10/17/09</i>	Payee name <i>Dwayne Hills</i>	Amount (\$) <i>216.50</i>
Payee address; City; State; Zip Code <i>6301 Bunker Hill Austin, TX 78724</i>		

Purpose of payment (See instructions regarding type of information required.) <i>photography</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>10/30/09</i>	Payee name <i>Eleanor Thompson</i>	Amount (\$) <i>1,000</i>
Payee address; City; State; Zip Code <i>3313 B Pecan Springs Austin 78723</i>		

Purpose of payment (See instructions regarding type of information required.) <i>consultant</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>11/4/09</i>	Payee name <i>Eleanor Thompson</i>	Amount (\$) <i>1,500</i>
Payee address; City; State; Zip Code <i>3313 B Pecan Springs Au, TX 78723</i>		

Purpose of payment (See instructions regarding type of information required.) <i>consultant</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Vonne M. Williams* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>10/29/09</i>	5 Payee name <i>Davienne Neptune</i>	7 Amount (\$) <i>250</i>
6 Payee address; City, State; Zip Code <i>1704 E. 12th Austin, TX 78702 via paypal</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>FOR Add in NAACP EVENT</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name <i>Gene Locke FOR MAYOR (Political Cont.)</i>	Amount (\$) <i>250</i>
Payee address; City, State; Zip Code <i>1907 SW Freeway Houston, TX</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Political Contribution</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held <i>Gene Locke      MAYOR Houston, TX</i>
--	--

Date <i>1/4/10</i>	Payee name <i>Travis County Dem. Party</i>	Amount (\$) <i>1,000</i>
Payee address; City, State; Zip Code <i>1311 East 6th Austin, TX 78702</i>		

Purpose of payment (See instructions regarding type of information required.) <i>FILING FEE</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <i>10/22/09</i>	Payee name <i>Eleanor Thompson</i>	Amount (\$) <i>150</i>
Payee address; City, State; Zip Code <i>3313 B Pelan Springs Au, TX 78723</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Rash for supplies</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>Yvonne WILLIAM</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/2/07</i>	5 Payee name <i>Eleanor Thompson</i>	7 Amount (\$) <i>1,000</i>
6 Payee address; City; State; Zip Code <i>3313 B. Pecan Springs Austin TX 78723</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>consultant.</i> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>1/13/10</i>	Payee name <i>Jonathan Clark</i>	Amount (\$) <i>500</i>
Payee address; City; State; Zip Code <i>1305 Pennsylvania Austin, TX 78702</i>		
Purpose of payment (See instructions regarding type of information required.) <i>graphics</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>4/4/10</i>	Payee name <i>Eleanor Thompson</i>	Amount (\$) <i>1,500</i>
Payee address; City; State; Zip Code <i>3313 B Pecan Springs Austin, TX 78723</i>		
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>1/13</i>	Payee name <i>AAAF A Austin Aff. Am. Firefighters Assn</i>	Amount (\$) <i>425</i>
Payee address; City; State; Zip Code <i>1208 Statler, Band Dr. Dduor 78660</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Booklet Ad + Banq.</i> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME *Vivonne M. Williams* 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>12/4/09</i>	5 Payee name <i>Eleanor Thompson</i>	7 Amount (\$) <i>100</i>
6 Payee address; City; State; Zip Code <i>3313 B Pecan Springs Av, Tx 78723</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>consult.</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date <i>11/4/09</i>	Payee name <i>Maurice Youman</i>	Amount (\$) <i>100</i>
Payee address; City; State; Zip Code <i>7418 Cameron #110 Ave, Tx 78752</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Photograph</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date <i>11/21/09</i>	Payee name <i>Karonica Humphrey</i>	Amount (\$) <i>380</i>
Payee address; City; State; Zip Code <i>2017 Northridge Ave, Tx 78723</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Volun. work</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

Date <i>11/21/09</i>	Payee name <i>Maurice Youmans</i>	Amount (\$) <i>50</i>
Payee address; City; State; Zip Code <i>7418 Cameron Rd #110 Ave Tx 78752</i>		

Purpose of payment (See instructions regarding type of information required.) <i>photo</i>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
(If travel outside of Texas, complete Schedule T)	

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