

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7269

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST <b>YVONNE</b> MI <b>M.</b> NICKNAME LAST SUFFIX <b>WILLIAMS</b>		<b>OFFICE USE ONLY</b>  Date Received  <b>10 FEB -1 PM '10</b>  Date Hand-delivered or Date Postmarked  Receipt # Amount  Date Processed  Date Imaged
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. BOX 142248</b> <b>AUSTIN, TEXAS 78714</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(512) 913 - 9044</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="radio"/> FIRST <b>ALBERT</b> MI NICKNAME LAST SUFFIX <b>BLACK</b>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1013 Keeping Willow Dr. Austin, Tx</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <b>(512) 339 - 4788</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)		
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <b>1 / 1 / 10    THROUGH    1 / 21 / 10</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>3 / 2 / 10</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>JUSTICE PEACE PLTA</b>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <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) \_\_\_\_\_

**17 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. \*\*

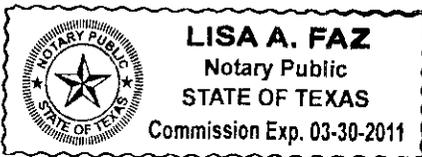
additional pages

COMMITTEE TYPE  <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)	\$ 1,650
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,318.05
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1276
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder: *[Handwritten Signature]*

Sworn to and subscribed before me, by the said YVONNE MICHELLE WILLIAMS this the 1 day of Feb., 2010, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Handwritten Signature]*

Printed name of officer administering oath: Lisa A. Faz

Title of officer administering oath: Admin. Secretary

**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#: \_\_\_\_\_)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

1/10/10

JOE Anderson  
6 Contributor address; City; State; Zip Code  
7804 Bell Mountain  
Austin, TX 78730

250

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/12/10

Jane Stone  
Contributor address; City; State; Zip Code  
6836 Austin Center Blvd, Ste 280  
Austin, TX 78731

200

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/5/10

Alexander Beckles  
Contributor address; City; State; Zip Code  
4659 A South 28th Rd  
Arlington, VA 22206

1,000

(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#: \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

1/10/10

Margaret S. Goggan  
Contributor address; City; State; Zip Code  
6820 Cypress PT N. No. 2  
Austin, TX 78746

200

(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#: \_\_\_\_\_)

Amount of contribution (\$)

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)

**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 *YVONNE M. WILLIAMS*

3 ACCOUNT # (Ethics Commission filers)

4 Date  
*1-7-10*

5 Payee name  
*Eleanor Thompson*  
6 Payee address; City; State; Zip Code  
*3313 B Decan Springs  
Austin, TX 78723*

7 Amount (\$)  
*\$100.00*

8 Purpose of payment (See instructions regarding type of information required.)  
*Office Supplies + Telephone*  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*1-12-10*

Payee name  
*LA - VOZ Newspaper*  
Payee address; City; State; Zip Code

Amount (\$)  
*\$375.00*

Purpose of payment (See instructions regarding type of information required.)  
*Ad*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*1-12-10*

Payee name  
*The Villager Newspaper*  
Payee address; City; State; Zip Code  
*1223 Rosewood  
Austin, TX 78702*

Amount (\$)  
*\$1504.00*

Purpose of payment (See instructions regarding type of information required.)  
*Ad*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
*1-12-10*

Payee name  
*Jonathan Clark*  
Payee address; City; State; Zip Code  
*1608 Pennsylvania  
Austin, TX 78702*

Amount (\$)  
*\$250.00*

Purpose of payment (See instructions regarding type of information required.)  
*Graphic Design - Ad*  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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

*YVONNE M. Williams*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

*1-15-10*

*Austin, TX*

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

*1-15-10*

*Austin African American Fire Fighters Assoc.*

Payee address; City; State; Zip Code

*1208 Statler Bend Dr.  
Pflugerville, TX 78660*

*\$425.00*

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*Ad for Summer Book  
Banquet Table*  
(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

*1-18-10*

*Maurice*

Payee address; City; State; Zip Code

*7418 Cameron Rd # ~~110~~ 110  
Austin, TX 78752*

*\$70.00*

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*Photography*  
(If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

*1-21-10*

*Opinion Analyst*

Payee address; City; State; Zip Code

*906 Rio Grande  
Austin, TX 78701*

*\$99.05*

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

*Phone File + Walk List*  
(If travel outside of Texas, complete Schedule T)

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

4 Date <i>1-22-10</i>	5 Payee name <i>Nelda Wells Spears Tax Assesor Collector</i>	7 Amount (\$) <i>\$20.00</i>
6 Payee address: City; State; Zip Code <i>5501 Airport Blvd. Austin, TX 78767</i>		

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

Date <i>1</i>	Payee name <i>NRACP Austin</i>	Amount (\$) <i>\$475.00</i>
Payee address: City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Ad in Souvenir Book 1/2 Table for Banquet</i> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
--	--

Date	Payee name	Amount (\$)
Payee address: City; State; Zip Code		

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

Date	Payee name	Amount (\$)
Payee address: City; State; Zip Code		

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

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