

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7317

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. Williams NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received: FEB 22 2010 10:44:59 AM Date Hand-delivered or Date Postmarked: FEB 22 2010 10:44:59 AM 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 17228 Austin 78714		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Albert Black NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1013 Weeping Willow Dr. Apt 4		
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 checked="" 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 1 / 22 / 10 2 / 21 / 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) Justin Peave	
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) _____

17 NOTICE FROM POLITICAL COMMITTEE(S)

additional pages

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME _____

COMMITTEE ADDRESS _____

COMMITTEE CAMPAIGN TREASURER NAME _____

COMMITTEE CAMPAIGN TREASURER ADDRESS _____

** 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. **

18 CONTRIBUTION TOTALS	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)	\$ 3934
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,018.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,840.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,250-

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.

Yvonne Williams
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Yvonne Williams, this the 22 day of Feb., 2010, to certify which, witness my hand and seal of office.

Lisa A Faz
Signature of officer administering oath

Lisa A Faz
Printed name of officer administering oath

Admin. Secretary
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:	
2 FILER NAME <i>Yvonne M. Williams</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/28/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Brown McCarroll</i>	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>111 Congress Av Ste 1400 Austin, TX 78701</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>1/28/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Wilmer Roberts</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13864 Terrel Tree Austin, TX 78653</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1/29/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>ROYCE PRYOR</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6202 Lotus Ln Austin, TX 78724</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Janis Todd</i>	Amount of contribution (\$) <i>300</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>20734 FM 969 ELGIN, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/6/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joseph Turner</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1504 WAT AVE.</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

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:	
2 FILER NAME <i>Yvonne WILLIAM</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/14/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marcus Nelson</i>	7 Amount of contribution (\$) <i>250</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code <i>P.O. Box 816 R.R., TX 78680</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/18/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Susan Morrison</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>4205 Ramsey Austin, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>LINE Barger Gossan Blair</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>P.O. Box 17429 Austin, TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/18/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lisa James</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>5207 Purple Sage #8 Austin, TX</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/5/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Morris Gregg</i>	Amount of contribution (\$) <i>200</i>	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code <i>P.O. Box 12308 Austin, TX 78711</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
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 Williams

3 ACCOUNT # (Ethics Commission filers)

Date <i>2/11/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Samuel Chappell</i> 6 Contributor address; City; State; Zip Code <i>908 Audelia Rd, Ste 200 Richardson, TX 75081 #153</i>	7 Amount of contribution (\$) <i>\$100</i>	8 In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date <i>2/4/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Daniel Calamia</i> Contributor address; City; State; Zip Code <i>812 San Antonio St 310 Aust, TX 78701</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date <i>2/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>James Burke</i> Contributor address; City; State; Zip Code <i>1840 FM 969 Monro, TX 78653</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date <i>2/15/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Russell Bridge</i> Contributor address; City; State; Zip Code <i>6405 Crocoda Austin, TX 78750</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
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(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date <i>2/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Nathaniel Bradford</i> Contributor address; City; State; Zip Code <i>5507 Basswood Ln Austin TX 78723</i>	Amount of contribution (\$) <i>59</i>	In-kind contribution description (if applicable)
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(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 Williams

3 ACCOUNT # (Ethics Commission filers)

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

2/11/10

Bobby Taylor

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*1709 E. MLK
Austin 78702*

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#:

2/4/10

David Swanson
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

9521 Big View

100

(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#:

2/12/10

Sherry Statman
Contributor address; City; State; Zip Code
*2215 Post Rd # 2024
Austin 78704*

Amount of contribution (\$)

In-kind contribution description (if applicable)

150

(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#:

2/10/10

Ryan Lunkle
Contributor address; City; State; Zip Code
*4805 Frontier
Austin 78745*

Amount of contribution (\$)

In-kind contribution description (if applicable)

500

(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#:

2/12/10

Ken Oden
Contributor address; City; State; Zip Code
*1506 Gustan
Aval TX 78703*

Amount of contribution (\$)

In-kind contribution description (if applicable)

250

(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:	
2 FILER NAME <i>Yvonne William</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>2/10/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hubert Bell</i>	7 Amount of contribution (\$) <i>125</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1907 N. Lamar # 300 Aur 78705</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>2/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brian Brown</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 77428 Aust TX 78760</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>2/12/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Fred McGhee</i>	Amount of contribution (\$) <i>75</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6300 A Carson Rd Austin, Tx 78741</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> 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)	
Date	Full name of contributor <input type="checkbox"/> 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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Yvonne M. WILLIAMS</i>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan <i>1/25/10</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yvonne M. WILLIAMS</i>	9 Loan Amount (\$) <i>1,250</i>
6 Is lender a financial institution? <i>Y</i> <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>7418 Cameron Rd #210 Austin, TX 78752</i>	10 Interest rate <i>- N/A</i>
12 Principal occupation / Job title (See Instructions) <i>Candidate for office</i>		11 Maturity date <i>- NI</i>
13 Employer (See Instructions) <i>-</i>		
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <i>Y</i> <input type="radio"/> N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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:

1 of 4

2 FILER NAME

YVONNE WILLIAMS

3 ACCOUNT # (Ethics Commission filers)

4 Date

2-1-10

5 Payee name

Nelda Wells Spears Tax Assessor Collector

7 Amount (\$)

\$ 24.00

6 Payee address; City; State; Zip Code

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

Pet Maps

(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

2-3-10

Payee name

Ace Printing

Amount (\$)

\$ 500.00

Payee address; City; State; Zip Code

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

Payment on Yard Signs

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2-5-10

Payee name

Worley Printing

Amount (\$)

\$ 500.00

Payee address; City; State; Zip Code

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

Printing

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

2-5-10

Payee name

Home Depot

Amount (\$)

\$ 140.47

Payee address; City; State; Zip Code

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

Yard sign Supplies

(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 of 4

2 FILER NAME *YVONNE WILLIAMS*

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-8-10

5 Payee name
Kimberleigh Thompson

6 Payee address; City; State; Zip Code

7 Amount (\$)
\$150.00

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

Data Entry
(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
2-9-10

Payee name
Stanley Garrison + Assoc.

Payee address; City; State; Zip Code

Amount (\$)
\$500.00

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

Fundraising Consultant
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date
2-11-10

Payee name
HEB

Payee address; City; State; Zip Code

Amount (\$)
\$200.00

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

Food for Opening
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date
2-11-10

Payee name
Maurice Youmons

Payee address; City; State; Zip Code

Amount (\$)
\$135.00

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

Photography
(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.

3 of 4

2 FILER NAME:

Vivonne Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-23-10

Home Depot

\$95.09

6 Payee address; City; State; Zip Code

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

yard sign supplies

(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

Payee name

Amount (\$)

1-25-10

Eleanor Thompson

\$700.00

Payee address; City; State; Zip Code

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

Campaign Consultant

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1-25-10

Kimberleigh Thompson

\$100.00

Payee address; City; State; Zip Code

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

Data Entry

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

1-26-10

Home Depot

\$184.03

Payee address; City; State; Zip Code

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

Supplies (T-Posts)

(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:
4 of 4

2 FILER NAME: Yvonne Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date:
2-5-10

5 Payee name:
Home Depot Duplication

7 Amount (\$):
140.47

6 Payee address: City: State: Zip Code

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

(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:
2-12-10

Payee name:
HEB

Amount (\$):
\$110.37

Payee address: City: State: Zip Code

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

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

Date:
2-16-10

Payee name:
Nokoa Newspaper

Amount (\$):
\$630.00

Payee address: City: State: Zip Code

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:
2-20-10

Payee name:
Ron Snieder

Amount (\$):
\$150.00

Payee address: City: State: Zip Code

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