

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7426

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 **Yvonne** FIRST MI **M.**
NICKNAME LAST SUFFIX
WILLIAMS

OFFICE USE ONLY

Date Received **2010 JUL 16 AM 8:18**

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

FILED FOR RECORD
CLERK
TARRANT COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 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 **ALBERT** FIRST MI
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. Austin

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 339-4788

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
2 / 22 / 10 THROUGH 7 / 6 / 10

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE
11 / 2 / 10 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**
Justice Peace Act

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 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. ***

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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)

\$ 7,320.63

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 399.72

4. TOTAL POLITICAL EXPENDITURES

\$ 5903.73

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 237.59

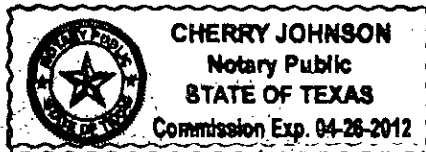
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,600.00

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

Yvonne M. Williams
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Yvonne M. Williams on the 15th day of July, 2010 to certify which, witness my hand and seal of office.

Cherry Johnson
Signature of officer administering oath

Cherry Johnson
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS SCHEDULE A
OTHER THAN PLEDGES OR LOANS

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: 1089

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

Date <u>1/20/10</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Chief Sunday Sunny Uzuit</u> 6 Contributor address; City; State; Zip Code <u>2100 Casa Linda Cove</u> <u>Round Rock, Tx 78681</u>	7 Amount of contribution (\$) <u>250-</u>	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 <u>10/13/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Charlie Baird</u> Contributor address; City; State; Zip Code <u>P.O. Box 1242</u> <u>Austin, Tx 78767</u>	Amount of contribution (\$) <u>500</u>	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 <u>11/6/09</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Nick & Elliott Kraig</u> Contributor address; City; State; Zip Code <u>3809 Gaines</u> <u>Austin, Texas 78735</u>	Amount of contribution (\$) <u>1,800</u>	In-kind contribution description (if applicable) <u>1,800</u> <u>Husked Fundraiser</u> <u>4 Seasons pd for all</u> <u>Food & Drinks</u>
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(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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	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: 209	
2 FILER NAME Yvonne M. Williams		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/5/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvera or Ches Williams	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1007 US Hwy 90A Hallettsville, Tx		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) F		10 Employer (See Instructions)	
Date 2/16/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobbie Jones	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7833 Nashville St. Houston, Texas		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) F		Employer (See Instructions)	
Date 2/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earline Williams	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 219 Roberts San Antonio, Tx 78207		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) F		Employer (See Instructions)	
Date 2/2/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvyn Batis	Amount of contribution (\$) \$25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 18443 N. Willow Bluff Rd Katy, Tx 77449		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) F		Employer (See Instructions)	
Date 2/10/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James D. Brown	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7358 Hurtgen Forest Houston, Tx 77033		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) F		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: **409**

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

Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ropann Charrois	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/27/10	6 Contributor address; City; State; Zip Code 4201 Water Edge 78723	96.80	
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ben Blackburn	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/10	Contributor address; City; State; Zip Code 1106 San Antonio Austin 78701	242.45	
		(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#: Richard Cotes	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/25/10	Contributor address; City; State; Zip Code 1512A Pennsylvania Aus 78702	96.80	
		(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#: Kristi Couvillon	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/21/10	Contributor address; City; State; Zip Code 1424 Suffolk Aus 78723	23.97	
		(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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **5089**

2 FILER NAME **Yvonne M. Williams**

3 ACCOUNT # (Ethics Commission filers)

4 Date **2/27/10**
 5 Full name of contributor out-of-state PAC (ID# _____)
Charles Williams
 6 Contributor address; City; State; Zip Code
**600 Turley Dr.
 Manchaca, TX 78652**

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

9 Principal occupation / Job title (See Instructions) **F**

10 Employer (See Instructions)

Date **2/19/10**
 Full name of contributor out-of-state PAC (ID# **CC0001114**)
**American Federation of State, County
 & Municipal Employees - AFL-CIO**
 Contributor address; City; State; Zip Code
**1625 L. ST. N.W.
 Washington, D.C. 20036**

Amount of contribution (\$) **1,000**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/25/10**
 Full name of contributor out-of-state PAC (ID# _____)
David E. Williams
 Contributor address; City; State; Zip Code
**8747 Ridge Mile
 San Antonio, TX 78239**

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

Principal occupation / Job title (See Instructions) **F**

Employer (See Instructions)

Date **2/27/10**
 Full name of contributor out-of-state PAC (ID# _____)
Willie C. Lewis
 Contributor address; City; State; Zip Code
**5708 Springdale RD
 Austin, TX 78723**

Amount of contribution (\$) **\$200**
 In-kind contribution description (if applicable)
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/25/10**
 Full name of contributor out-of-state PAC (ID# _____)
Alton L. Brown
 Contributor address; City; State; Zip Code
**301 W. Little York #321
 Houston, TX 77076**

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

Principal occupation / Job title (See Instructions) **F**

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: **6 08 9**

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

Date 4/6/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Albert or Kathy Black 6 Contributor address; City; State; Zip Code 1013 Weeping Willow Austin, Tx 78753	7 Amount of contribution (\$) 250	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 4/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John M. Wastenhov Contributor address; City; State; Zip Code 404 W. 13th St. Austin, Tx 78701	Amount of contribution (\$) 100 -	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 3/20/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg Phea Contributor address; City; State; Zip Code 2619 Oakwood Glen Dr. Cedar Park, Tx 78613	Amount of contribution (\$) 100 -	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 3/22/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bartha Means Contributor address; City; State; Zip Code 7400 Valburn Dr. Austin, Tx 78731	Amount of contribution (\$) \$100 +	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 3/3/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph Manele Conignment Contributor address; City; State; Zip Code 4154 Travis County Circle Austin, Tx 78735	Amount of contribution (\$) \$50 -	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: 7089	
FILER NAME Yvonne M. Williams		3 ACCOUNT # (Ethics Commission filers)	
Date 5/5/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Morehart, atty	7 Amount of contribution (\$) 145.35	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 812 San Antonio, G20 Ave 78701	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/22/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Orr	7 Amount of contribution (\$) 193.90	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 864 Rio Grande Ave 78701	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/24/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Gibson	7 Amount of contribution (\$) 242.45	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 700 Luvuan Austin Tx 78701	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/16/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Hays	7 Amount of contribution (\$) 96.80	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 10206 Laurie Lane Highland, TX 77562	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/14/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaffy Mauro	7 Amount of contribution (\$) 193.90	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code P.O. 13083 Austin 78711	(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: **8 of 9**

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

Date 2/26/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): _____ William Apt 6 Contributor address; City; State; Zip Code 816 Congress, Ste 1510 Austin, TX 78701	7 Amount of contribution (\$) 8100	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 5/6/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): _____ Jack Roberts Contributor address; City; State; Zip Code 400 W. 15th #320 Austin, TX 78701	Amount of contribution (\$) 96.80	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 5/6/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): _____ Lynn Sherman Contributor address; City; State; Zip Code 1804 Vista Lane Austin 78703	Amount of contribution (\$) 23.97	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 5/6/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): _____ Derrick Eugene Contributor address; City; State; Zip Code 10212 Pinhurst Aus 78747	Amount of contribution (\$) 38.54	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 5/5/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#): _____ Louis Zacher Contributor address; City; State; Zip Code 2121 Melridge Aus 78704	Amount of contribution (\$) 193.90	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: **9099**

2 FILER NAME
Yvonne M. WILLIAMS

3 ACCOUNT # (Ethics Commission filers)

4 Date: **11/2/10**
 5 Full name of contributor: **Richard Scott**
 out-of-state PAC (ID#: _____)
 6 Contributor address: City: State: Zip Code
**11328 Terrace Meadow Way
 Manor, Tx 78653**

7 Amount of contribution (\$): **200**
 8 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: **6/29/10**
 Full name of contributor: **Dan L. Rodriguez**
 out-of-state PAC (ID#: _____)
 Contributor address: City: State: Zip Code
**4311 South 4th St.
 Austin, Tx 78745**

Amount of contribution (\$): **200-**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **5/13/10**
 Full name of contributor: **P. David Wahlberg**
 out-of-state PAC (ID#: _____)
 Contributor address: City: State: Zip Code
**1208 West Ave.
 Austin, Tx 78701**

Amount of contribution (\$): **75-**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **6/3/10**
 Full name of contributor: **Hubert Gill**
 out-of-state PAC (ID#: _____)
 Contributor address: City: State: Zip Code
**1707 Palma Plaza
 Austin, Texas 78703**

Amount of contribution (\$): **25**
 In-kind contribution description (if applicable):
 (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: **6/10/10**
 Full name of contributor: **Joseph C. Parker, JR City**
 out-of-state PAC (ID#: _____)
 Contributor address: City: State: Zip Code
**P.O. Box 69
 Austin, Tx 78767-0069**

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)

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: 1081
2 FILER NAME Yvonne M. WILLIAMS		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan 4/20/10	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Yvonne M. WILLIAMS	9 Loan Amount (\$) 350
6 Is lender a financial Institution? Y <input checked="" type="radio"/> (N)	8 Lender address; City; State; Zip Code 7418 Cornelia #210 78752	10 Interest rate —
12 Principal occupation / Job title (See Instructions) Candidate		11 Maturity date —
13 Employer (See Instructions) —		
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? Y 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 5

2 FILER NAME
Yvonne Williams

3 ACCOUNT # (Ethics Commission filers)

4 Date
2-12-10

5 Payee name
Opinion Analysts, Inc.

7 Amount (\$)
~~\$119.47~~
200.00

6 Payee address; City; State; Zip Code
906 Rio Grande St.
Austin, TX 78701

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
3-9-10

Payee name
Worley Printing
Payee address; City; State; Zip Code
3217 North IH 35
Austin, TX 78722

Amount (\$)
\$ 364.92

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

Printing
(If travel outside of Texas, complete Schedule T)

Date
11-3-09

Payee name
EAN Holdings (Car Rental) Enterprise
Payee address; City; State; Zip Code
8310 Research Blvd.
Austin, TX 78758

Amount (\$)
201.66 Cash

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

Car Rental for Consultant
(If travel outside of Texas, complete Schedule T)

Date
2-14-10

Payee name
Loughorn Car Rental
Payee address; City; State; Zip Code
4812 N. IH 35
Austin, TX 78751

Amount (\$)
\$88.22 Cash

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

Car Rental for Consultant
(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 of 5

2 FILER NAME *Vivonne Williams*

3 ACCOUNT # (Ethics Commission filers)

4 Date <i>11-24-09</i>	5 Payee name <i>Office Depot</i>	7 Amount (\$) <i>48.58</i>
6 Payee address: City: State: Zip Code		

8 Purpose of payment (See instructions regarding type of information required.) <i>Office Supplies</i> (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>12-20-09</i>	Payee name <i>Fed Ex Kinko's</i>	Amount (\$) <i>96.34</i>
Payee address: City: State: Zip Code <i>6406 IH35 N Austin TX 78752</i>		

Purpose of payment (See instructions regarding type of information required.) <i>Printing</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2-1-10</i> <i>1-15-10</i>	Payee name <i>Nelda Wells Spear / Int Answer Collector</i>	Amount (\$) <i>24.00</i> <i>5.00</i>
Payee address: City: State: Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Maps + Notary</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <i>2-14-10</i>	Payee name <i>Home Depot</i>	Amount (\$) <i>109.62</i>
Payee address: City: State: Zip Code		

Purpose of payment (See instructions regarding type of information required.) <i>Yard Sign Supplies</i> (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** 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. 3 of 5
2 FILER NAME YVONNE WILLIAMS		3 ACCOUNT # (Ethics Commission filers)
4 Date 3-4-10	5 Payee name Longhorn Car Renter	7 Amount (\$) \$239.02
6 Payee address; City; State; Zip Code 4812 N. IH35 Austin TX 78751		
8 Purpose of payment (See instructions regarding type of information required.) Rental Car for Consultant <small>(If travel outside of Texas, complete Schedule T)</small>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-26-10	Payee name The Austin Chronicle	Amount (\$) \$232.00
Payee address; City; State; Zip Code P.O. Box 49066 Austin, TX 78765		
Purpose of payment (See instructions regarding type of information required.) Political Ad <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5-18-10	Payee name TOPS (Texas Office Supplies)	Amount (\$) 70.09
Payee address; City; State; Zip Code 2307 Kramerham Austin TX 78758		
Purpose of payment (See instructions regarding type of information required.) Office Supplies <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date Feb 2010	Payee name ACE Printing	Amount (\$) \$1900.00
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Printing Yard Sign + Road Signs <small>(If travel outside of Texas, complete Schedule T)</small>		** Complete if direct expenditure to benefit C/OH ** 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: 4 of 5
2 FILER NAME YVONNE WILLIAMS		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-22-10	5 Payee name Home Depot 6 Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd. Austin TX 78723	7 Amount (\$) \$9.01
8 Purpose of payment (See instructions regarding type of information required.) 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 1-30-10	Payee name Home Depot Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd.	Amount (\$) \$11.49
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-31-10	Payee name Home Depot Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd.	Amount (\$) \$32.40
Purpose of payment (See instructions regarding type of information required.) Supplies (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-2-10	Payee name Home Depot Payee address; City; State; Zip Code 1200 Barbara Jordan Blvd.	Amount (\$) \$117.06
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

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 5 of 5
2 FILER NAME Vivonne Williams		3 ACCOUNT # (Ethics Commission filers)
4 Date Feb + Mar 2010	5 Payee name Eleanor Thompson	7 Amount (\$) \$2,000.00 (cumulative)
6 Payee address; City; State; Zip Code 3313 B. Pecan Springs Rd. Austin TX 78723		
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 3-1-10	Payee name Premier Political Commission	Amount (\$) \$69.86
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Robo Calls (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 2-22-10	Payee name Premier Political Com.	Amount (\$) \$150.00
Payee address; City; State; Zip Code Duplication		
Purpose of payment (See instructions regarding type of information required.) Robo Calls (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-27-10	Payee name Nalletsville Publishing	Amount (\$) \$74.50
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) Ad for Fundraiser (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 1082
2 FILER NAME Yvonne M. Williams		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/12/10	5 Payee name Yvonne M. Williams	8 Amount (\$) 25.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address; City; State; Zip Code 7418 Cameron Rd #210 Austin, TX 78752	
	7 Purpose of expenditure (See instructions regarding type of information required.) gasoline (If travel outside of Texas, complete Schedule T)	
Date 2/4/10	Payee name Clifton Bailey	Amount (\$) 50.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code 4711 Bundyhill Dr. Austin, TX 78723	
	Purpose of expenditure (See instructions regarding type of information required.) gasoline - for putting up signs (If travel outside of Texas, complete Schedule T)	
Date 2/20/10	Payee name Clifton Bailey	Amount (\$) 62.27 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code 4711 Bundyhill Dr. Austin, TX 78723	
	Purpose of expenditure (See instructions regarding type of information required.) gasoline - putting up road signs (If travel outside of Texas, complete Schedule T)	
Date 3/1/10	Payee name Clifton Bailey	Amount (\$) 50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code 4711 Bundyhill Dr Austin, TX 78723	
	Purpose of expenditure (See instructions regarding type of information required.) gasoline - signs and delivery volunteers to polls (If travel outside of Texas, complete Schedule T)	
Date 2/2/10	Payee name Clifton Bailey	Amount (\$) 19.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code 4711 Bundyhill Dr. Austin, Texas 78723	
	Purpose of expenditure (See instructions regarding type of information required.) gasoline - signs (If travel outside of Texas, complete Schedule T)	

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2862**

2 FILER NAME **Yvonne M. Williams**

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/24/09	5 Payee name Yvonne M. Williams	8 Amount (\$) 20.54
	6 Payee address; City; State; Zip Code 7418 Cameron Rd #210 Austin 78752	
7 Purpose of expenditure (See instructions regarding type of information required.) gasoline (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 10/28/09	Payee name Yvonne M. Williams	Amount (\$) 10.00
	Payee address; City; State; Zip Code 7418 Cameron Rd #210 Austin, TX 78752	
Purpose of expenditure (See instructions regarding type of information required.) Valet Parking @ Hilton End - Kemp Austin Beautiful (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1/13/10	Payee name Yvonne M. Williams	Amount (\$) 17.57
	Payee address; City; State; Zip Code 7418 Cameron Rd #210 Austin, Texas 78752	
Purpose of expenditure (See instructions regarding type of information required.) Luncheon (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 1/23/10	Payee name Yvonne M. Williams	Amount (\$) 9.98
	Payee address; City; State; Zip Code 7418 Cameron Rd. #210 Austin, TX 78752	
Purpose of expenditure (See instructions regarding type of information required.) Breakfast for volunteers - (Donuts) (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 2/1/10	Payee name Yvonne M. Williams	Amount (\$) 10.29
	Payee address; City; State; Zip Code 7418 Cameron Rd #210 Austin, TX	
Purpose of expenditure (See instructions regarding type of information required.) gasoline (If travel outside of Texas, complete Schedule T)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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