

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
7465 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 <i>Yvonne M. WILLIAM</i> NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received FILED FOR RECORD Date Hand-delivered or Date Postmarked OCT 25 P4:52 Receipt # Amount DANA DEBEAUVORE Date Processed TRAVIS COUNTY CLERK Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 142248 Austin, Tx 78714 '10</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 913-9044</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>ALBERT</i> NICKNAME LAST SUFFIX <i>BLACK</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1013 Weeping Willow Dr. Austin Tx</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 339-4788</i>		
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 <i>10 / 15 / 10</i> <i>10 / 25 / 10</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 2 / 10</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Justice Peace Pct 1</i>	
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 YVONNE M. WILLIAMS - JR P. Pct 1 16 ACCOUNT # (Ethics Commission Filers)

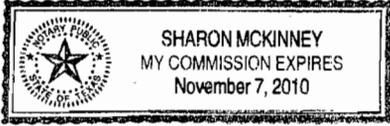
17 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	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	\$ 225
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,100
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,427.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,027.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,250

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 M. Williams
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Yvonne M. Williams, this the 25th day of October, 20 10, to certify which, witness my hand and seal of office.

Sharon McKinney Sharon McKinney Adm Asst.
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: **4**

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

4 Date 10/14/10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverlynn T. Hudson	7 Amount of contribution (\$) 625	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7011 Thornwild Rd Missouri City, Tx 77489		(If travel outside of Texas, complete Schedule T)	

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

Date 10/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonya S. Chandler	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11511 Dunlap Houston, Texas 77035		(If travel outside of Texas, complete Schedule T)	

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

Date 10/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierre Tchenko	Amount of contribution (\$) 100-	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1333 Eldridge Parkway Apt 628 Houston, Texas 77077		(If travel outside of Texas, complete Schedule T)	

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

Date 10/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lashanta Cheris	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7358 Hurtgen Forest Rd Houston, Tx 77033-3441		(If travel outside of Texas, complete Schedule T)	

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

Date 10/14/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Teague	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9615 Gusty Winds Dr Houston, Tx 77064		(If travel outside of Texas, complete Schedule T)	

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

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

POLITICAL 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>10/14/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gene Locke for Mayer</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 14093 Houston, Texas 77221</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>10/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grady M. Paris</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8819 LINKMEADOW LN Houston, Texas 77025-3509</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carolyn A. Culpepper</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8655 Candy Houston, Texas 77029</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sylvania C. Paul</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1351 Greens PKY, #26 Houston, Tx 77067</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>10/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rhonda C. Rhodes</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4817 Winnetka Houston, Texas</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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:

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

4 Date <i>10/14/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wimerson W. Washington</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>15911 Cardono LN Missouri, TX 77489</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>10/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Y. Brown</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2710 Skyview Cove Ct. Houston, TX 77047</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>10/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Milligan</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>2305 Truxillo St. Houston, TX 77004</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>10/14/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Omwale Luthali</i>	Amount of contribution (\$) <i>\$50</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>3329 Ozark Houston, TX 77021</i>	(If travel outside of Texas, complete Schedule T)	

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

Date <i>10/22/10</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Hite</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <i>5502 Sendero Lane Austin, TX</i>	(If travel outside of Texas, complete Schedule T)	

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

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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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>10/14/10</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sheila Jackson Lee</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>1919 Smith # 1180 Houston, Texas 77002</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 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)
		(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)
		(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)
		(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)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <i>2</i>	2 FILER NAME <i>Yvonne M. Williams</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>ABC Printing</i>	
6 Amount (\$) <i>2,500</i>	7 Payee address; City; State; Zip Code <i>7807 Don Caster Austin, TX 78745</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printing</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Large 4x4 Signs</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date <i>10/14/10</i>	Payee name <i>Black Heritage Gallery</i>	
Amount (\$) <i>50</i>	Payee address; City; State; Zip Code <i>5500 Alameda Rd Houston Texas</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Photo for Auction</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date	Payee name <i>Eleanor Thompson</i>	
Amount (\$) <i>1,500</i>	Payee address; City; State; Zip Code <i>3313 Pecan Springs Austin, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Consulting</i>	Description (If travel outside of Texas, complete Schedule T) <i>Consult fees</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date <i>10/14/10</i>	Payee name <i>Alfredi Soul Kitchen</i>	
Amount (\$) <i>28</i>	Payee address; City; State; Zip Code <i>Alameda Houston</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food / Supps</i>	Description (If travel outside of Texas, complete Schedule T) <i>Out of District Travel</i>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Yvonne M. Williams</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>10/20/10</i>	5 Payee name <i>Opinion Analysts</i>	
6 Amount (\$) <i>263.97</i>	7 Payee address; City; State; Zip Code <i>906 Rio Grande St. Austin, Tx 78701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Polling / Solicitation exp.</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Call list of constituents.</i>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/20/10</i>	Payee name <i>Travis County Dem. Party</i>	
Amount (\$) <i>580</i>	Payee address; City; State; Zip Code <i>6th Street Austin, Tex</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Contributions</i>	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/14/10</i>	Payee name <i>Enterprise Car Rental</i>	
Amount (\$) <i>88</i>	Payee address; City; State; Zip Code <i>Research Blvd Austin TX</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel out of Dist</i>	Description (If travel outside of Texas, complete Schedule T) <i>Drive to Houston Tx Fundrais</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/14/10</i>	Payee name <i>Valero Gas Station</i>	
Amount (\$) <i>48</i>	Payee address; City; State; Zip Code <i>Katy, Texas</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Travel</i>	Description (If travel outside of Texas, complete Schedule T) <i>gas</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED