

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME YVONNE M. WILLIAMS **16 ACCOUNT #** (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

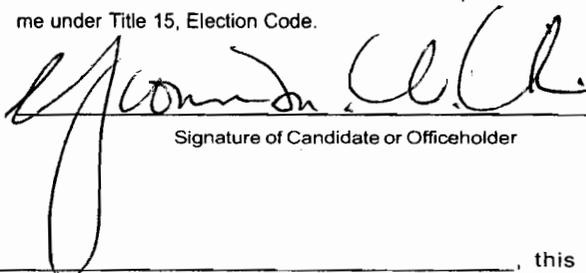
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,650.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,587.22</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>184.52</u>
OUTSTANDING LOAN TOTALS	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.


Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

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:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ester L. King	7 Amount of contribution (\$) \$50	8 In-kind contribution description (if applicable)
10-15-10	6 Contributor address; City; State; Zip Code 2640 Prospect St. Houston, TX 77004	(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#: _____) Zelma D. Smith	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
12-30-10	Contributor address; City; State; Zip Code 1410 E. 37th St. Austin, TX 78722	(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)	
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 SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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>1 of 3</i>	2 FILER NAME: <i>YVONNE M. Williams</i>	3 ACCOUNT # (Ethics Commission Filers)	
4 Date: <i>10-22-10</i>	5 Payee name: <i>Opinion Analyst</i>		
6 Amount (\$): <i>\$263.97</i>	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Printed. Walk List</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Printing Expense</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>
Date: <i>10-25-10</i>	Payee name: <i>Travis County Democratic Party</i>		
Amount (\$): <i>\$500</i>	Payee address; City; State; Zip Code		
9 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Candidate Contribution</i>	Description (If travel outside of Texas, complete Schedule T) <i>To Coordinated Campaign</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>
Date: <i>11-2-10</i>	Payee name: <i>Walgreens # 10615</i>		
Amount (\$): <i>28.98</i>	Payee address; City; State; Zip Code <i>Austin, TX</i>		
10 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Water for Black Walkers</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>
Date: <i>11-3-10</i>	Payee name: <i>Travis County Democratic Party</i>		
Amount (\$): <i>\$100</i>	Payee address; City; State; Zip Code		
11 PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Food/Beverage Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Election Night Party</i>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i></i>	Office sought <i></i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2 of 3
2 FILER NAME Yvonne M. Williams		3 ACCOUNT # (Ethics Commission filers)
4 Date 11-15-10	5 Payee name Eleanor Thompson 6 Payee address; City; State; Zip Code 3313 B Pecan Springs Rd. Austin, TX 78723	7 Amount (\$) \$500
8 Purpose of payment (See instructions regarding type of information required.) Consultant (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 11-17-10	Payee name Ace Printing Payee address; City; State; Zip Code	Amount (\$) \$2,110.63
Purpose of payment (See instructions regarding type of information required.) Printing Yard + Road 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 10-15-10	Payee name Alfreda's Soul Food Payee address; City; State; Zip Code Houston, TX	Amount (\$) \$33.72
Purpose of payment (See instructions regarding type of information required.) Food/Beverage Expense (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-30-10	Payee name Springshill Restaurants 1512-928-0677 Payee address; City; State; Zip Code Austin, TX	Amount (\$) \$24.87
Purpose of payment (See instructions regarding type of information required.) (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 3

2 FILER NAME *Yvonne M. Williams*

3 ACCOUNT # (Ethics Commission filers)

4 Date *12-31-10* 5 Payee name *Shell Oil*
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$25.05

8 Purpose of payment (See instructions regarding type of information required.)
Gas for Travel in Dist. (Transporting Walkers)
(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
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(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
Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)
(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
Payee address; City; State; Zip Code

Amount (\$)

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

00-142248
78714

AUSTIN TX 787
DIO GRANVILLE DISTRICT
127 1212 2114 PM 2/1

DANA De Beauvoir
Coun Clerk
P.O. 149325
Austin, TX 78714-9325

POSTAGE
\$0.44
78710
Date of sale
01/18/11
02 1P00
APC
180134100104765
02315389

78714-9325

