

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7544

1 ACCOUNT #	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <u>YVONNE</u> MI <u>M.</u>	Date Received
	NICKNAME <u>Williams</u> LAST <u>Williams</u> SUFFIX	Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)	Receipt # Amount
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Date Processed
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Imaged
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH Month Day Year	
	<u>10/5/10</u> <u>12/31/10</u>	

6 EXPLANATION OF CORRECTION

1. Cover sheet not Notorized. Corrected copy (Pg 2) Notorized
 2. Total Political Contributions corrected on Notorized copy
 3. Total Political Expenditures corrected on Notorized copy
 4. Correct period covered from 10-5-10 to 12-31-10 to 10-26-10 to 12-31-10 on Cover Sheet Pg 1.
 5. Total loans left off, reflected correctly on resubmitted Pg 2

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

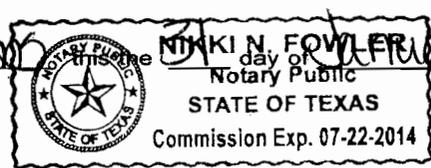
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Yvonne M. Williams
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Yvonne Williams 31 day of February

20 11 to certify which, witness my hand and seal of office.



NIKKI N. FOWLER
Notary Public
STATE OF TEXAS
Commission Exp. 07-22-2014

Signature of officer administering oath: *Nikki Fowler* Printed name of officer administering oath: NIKKI FOWLER Title of officer administering oath: Notary Public

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <i>YVONNE M.</i> NICKNAME LAST SUFFIX <i>Williams</i>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked 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 <i>P.O. Box 142248 Austin, TX 78714</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, Austin, TX</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 339-4788</i>		
9 REPORT TYPE	<input checked="" 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 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>10/26/10 12/31/10</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 of 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 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

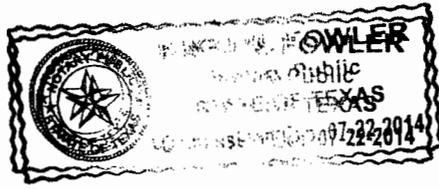
additional pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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)	\$ 400.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 678.90
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 184.22
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.



AFFIX NOTARY STAMP / SEAL ABOVE

Yvonne M. Williams
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Yvonne Williams, this the 31 day of January, 20 11, to certify which, witness my hand and seal of office.

Nikki Fowler Nikki Fowler Notary Public
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 <i>Yvonne Williams</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Austin Apt. Assoc/Political Action</i>	7 Amount of contribution (\$) <i>\$250.00</i>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <i>4107 Medical Pkwy Austin, TX 78756-3735</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)	

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.

2 reported

1 Total pages Schedule F: 1 of 3	2 FILER NAME: VONNE M. Williams	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: 10-22-10	5 Payee name: Opinion Analyst
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6 Amount (\$): \$263.97	7 Payee address; City; State; Zip Code: Deleted/Dups
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): Printed Walk List	(b) Description (If travel outside of Texas, complete Schedule T): Printing Expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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2 reported

Date: 10-25-10	Payee name: Travis County Democratic Party
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Amount (\$): \$500	Payee address; City; State; Zip Code: Deleted/Dups
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Candidate Contribution	Description (If travel outside of Texas, complete Schedule T): To Coordinated Campaign
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 11-2-10	Payee name: Walgreens # 10615
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Amount (\$): 28.98	Payee address; City; State; Zip Code: Austin, TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T): Water for Block Walkers
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: 11-3-10	Payee name: Travis County Democratic Party
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Amount (\$): \$100	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T): Election Night Party
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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

7 Amount (\$)

\$500

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.)

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

Payee name

Amount (\$)

11-17-10

App Printing / Dups

\$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

Payee name

Amount (\$)

10-15-10

Alfreda's Soul Food

\$33.72

Payee address; City; State; Zip Code

Houston, TX

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

Payee name

Amount (\$)

12-30-10

Springhill Restaurants 1512-928-0677

\$24.87

Payee address; City; State; Zip Code

Austin, TX

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

Reported on 10-5-10

Reported on

AUSTIN TX 787
RICHARDSON DISTRICT



elections

Dana De Beauvoir
County Clerk
P.O. Box 149325
Austin, TX 78714-9325

78714+9325

