

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Yvonne M. Williams **15 ACCOUNT #** (Ethics Commission Filers)

16 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

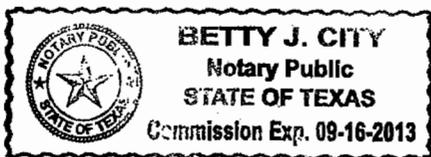
| | |
|---|--|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS |
|---|--|

| | | |
|--------------------------------|---|----------------------|
| 17 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) | \$ 570.00 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 660.13 <i>gmt</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 58.72 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5,350 |

18 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 17 day of January, 20 12, to certify which, witness my hand and seal of office.

Betty J. City Betty J. City Criminal Supervisor
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.

1 of 2

2 FILER NAME

YVONNE M. WILLIAMS

3 ACCOUNT # (Ethics Commission Filers)

4 Date

8-26-11

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

Alfred Stanley

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

P.O. Box 5674
Austin, TX 78763

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-26-11

Full name of contributor out-of-state PAC (ID#: _____)

Melanie Martin

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 5834
Austin, TX 78763

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-26-11

Full name of contributor out-of-state PAC (ID#: _____)

Doris J. Williams

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

907 E. Meadowmere Ln.
Austin, TX 78758

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-26-11

Full name of contributor out-of-state PAC (ID#: _____)

Stephen Speir

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1225 Corona Dr.
Austin TX 78723

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-26-11

Full name of contributor out-of-state PAC (ID#: _____)

Ace Printing (Stacy Suites)

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7807 Doncaster
Austin, TX 78745

(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: <i>2 of 2</i> | |
| 2 FILER NAME <i>Vvonne M. Williams</i> | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date <i>8-26-11</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Austin Major Room</i> | 7 Amount of contribution (\$) <i>\$100.00</i> | 8 In-kind contribution description (if applicable) |
| | 6 Contributor address; City; State; Zip Code <i>6406 IH 35 Suite 1600 Austin, TX 78752</i> | | |
| 9 Principal occupation / Job title (See Instructions) | | 10 Employer (See Instructions) | |
| Date <i>8-26-11</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lloyd Doggett (State Account)</i> | Amount of contribution (\$) <i>\$50.00</i> | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code <i>P.O. Box 5843 Austin, TX 78763</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>8-26-11</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Donald R. Ellerby</i> | Amount of contribution (\$) <i>\$100.00</i> | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code <i>11441 N IH 35 Apt. 2401 Austin, TX 78753</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>8-26-11</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernesto Luna</i> | Amount of contribution (\$) <i>\$100.00</i> | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code <i>4425. Mopac # 402 Austin, TX 78735</i> | | |
| 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.

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME Yvonkie M. Williams | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ 3-14-11 + 12-12-11 | | \$ 100.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| 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 |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account <input type="checkbox"/> |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: 1 of 2 | 2 FILER NAME YVONNE M. Williams | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 1-24-11 | 5 Payee name African American Firefighter's Assoc. | |
| 6 Amount (\$) \$30 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Event Expense | (b) Description (If travel outside of Texas, complete Schedule T) Ticket to Event. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10-19-11 to 12-8-11 | Payee name Family Dollar # 6846 | |
| Amount (\$) 95.67 | Payee address; City; State; Zip Code Martin Luther King Blvd Austin, TX 78721 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event, Food/Beverage | 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 10-21-11 to 12-9-11 | Payee name Cicis Pizza Store 71 | |
| Amount (\$) 76.78 | Payee address; City; State; Zip Code Austin TX 78721 | |
| 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) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10-27-11 to 12-12-11 | Payee name HEB Grocery #425 | |
| Amount (\$) 250.36 | Payee address; City; State; Zip Code Austin, TX 78723 | |
| 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) |
| Complete ONLY 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.

| | | |
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| 1 Total pages Schedule F: 2 of 2 | 2 FILER NAME Yvonne M. Williams | 3 ACCOUNT # (Ethics Commission Filers) |
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|-------------------|--------------------------------------|
| 4 Date 8-26-11 | 5 Payee name Sweetish Hill Bakery |
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| 6 Amount (\$) \$95 | 7 Payee address; City; State; Zip Code W. 6th St. Austin, TX |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) Food/Beverage | (b) Description (If travel outside of Texas, complete Schedule T) Event |
|--------------------------|---|--|

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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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|-----------------|--|
| Date 8-26-11 | Payee name Dollar Tree Stores, Inc # 2875 |
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| Amount (\$) 14.07 | Payee address; City; State; Zip Code 5425 N. IH 35 Austin, TX 78723 |
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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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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 8-26-11 | Payee name Party City |
|-----------------|--------------------------|

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|----------------------|---|
| Amount (\$) 33.25 | Payee address; City; State; Zip Code 11150 Research Blvd. Austin TX 78759 |
|----------------------|---|

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| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|---|---|

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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 11-8-11 | Payee name US Postal Service |
|-----------------|---------------------------------|

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|----------------------|--|
| Amount (\$) 65.00 | 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) Office Overhead | Description (If travel outside of Texas, complete Schedule T) P.O. Box Rental |
|------------------------|---|--|

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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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