

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8042

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
 Y VONNE M.
 NICKNAME LAST SUFFIX
 WILLIAMS

OFFICE USE ONLY

Date Received

FILED FOR RECORD
 2013 JAN 17 PM 2:54
 Dana DeBeauvoir
 County Clerk
 Travis County, Texas

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 7020 THISTLE HILL WAY
 AUSTIN, TX 78754

Date Hand Delivered or Postmarked

Receipt # Account

Date Processed

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (512) 565-1430

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Albert
 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 Austin, Texas 78752

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
 7 / 1 / 12 THROUGH 12 / 31 / 12

11 ELECTION

ELECTION DATE Year
 Month Day Year
 / /
 ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
 Justice of Peace

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Yvonne M. Williams</u>	15 ACCOUNT # (Ethics Commission Filers)
--	---

16 NOTICE FROM POLITICAL COMMITTEE(S)

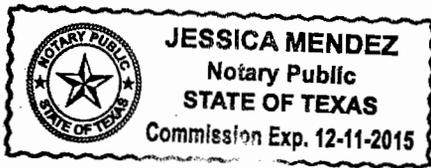
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

<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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,930.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 168.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,530 ³⁶

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 15 day of JAN, 20 13, to certify which, witness my hand and seal of office.

<u>Jessica Mendez</u> Signature of officer administering oath	Jessica Mendez Printed name of officer administering oath	Court Clerk Title of officer administering oath
--	--	--

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

YVONNE M. WILLIAMS

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$ 1,100

5 Date of loan

12/14/12

7 Name of lender

out-of-state PAC (ID# _____)

Yvonne M. Williams

9 Loan Amount (\$)

1,100

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

Transfer of funds from personal account

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

OFFICE HOLDER - SELF

13 Employer (See Instructions)

OFFICE HOLDER - SELF

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

8-5-12

Name of lender

out-of-state PAC (ID# _____)

Yvonne M. Williams

Loan Amount (\$)

830.36

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Self - office holder

Employer (See Instructions)

self - office holder

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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 MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Yvonne M. Williams</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>8-5-12</i>	5 Payee name <i>Rodriguez Graphic Design T-shirt + cap printing</i>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>700</i>	7 Payee address; City; State; Zip Code <i>5414 Overbrook Dr. Austin, Tx 78723</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Tshirts for Parent Support Class Event / gift items</i>	(b) Description (If travel outside of Texas, complete Schedule T)
Date <i>9-7-12</i>	Payee name <i>Valerie Fruge - Miscellaneous Rentals</i>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>70.36</i>	Payee address; City; State; Zip Code <i>1901 E. 51st Street Austin, Tx 78723</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event -</i>	Description (If travel outside of Texas, complete Schedule T)
Date <i>9-10-12</i>	Payee name <i>Valerie Fruge</i>	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>60</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Event</i>	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED